



Employee # _____

Jefferson Orientation Checklist (University and JUP Employees Only)

New Employee: _____
Last Name First Name Middle Initial

Date Employed: _____ Department: _____ Division: _____

1. HUMAN RESOURCES DEPARTMENT

- _____ a. EMPLOYMENT – Agreement, Tax Form, Wage and Hour Law
- _____ b. BENEFITS – Briefing (Non-Bargaining Unit employees only)
- _____ c. New Employee Orientation Program
- _____ d. Handbook
- _____ e. Confidentiality Responsibility Statement
- _____ f. Jefferson Notes given to employee

2. SECURITY DEPARTMENT

- _____ a. Identification Card

3. UNIVERSITY HEALTH SERVICES

- _____ a. Physical examination completed
- _____ b. Needs immunization documentation prior to start date
- _____ c. Needs P.P.D. on start date _____
- _____ d. P.P.D. to be checked on _____
- _____ e. Other vaccines or follow-up needed _____

Please excuse employee for above follow-up on the specified date(s).

4. DEPARTMENT INFORMATION

- _____ a. Copy of job description provided and reviewed
- _____ b. Usage of equipment, supplies, uniforms, lockers
- _____ c. Telephone – directory, answering procedures, call transfers, general use
- _____ d. Other staff members – introduction, responsibilities
- _____ e. Policies Review
 - _____ Time Cards – requirements, Overtime Policy
 - _____ Attendance Policy
 - _____ Confidentiality Policy
 - _____ Electronic Communications & Information Policy
 - _____ Department Policy Manual
- _____ f. Commuter Services Information
- _____ g. Means of communication
- _____ h. Change in status (marital, address, telephone) – reporting requirements
- _____ i. Rest rooms – locations

5. SAFETY

- _____ a. First Aid procedures
- _____ b. Accident; Fire Prevention; Emergency Exits
- _____ c. Smoking – where and when permitted
- _____ d. Security regulations – I.D. card, security passes
- _____ e. Infection Control Procedures
- _____ f. Safety Policies and Procedures
- _____ g. Hazardous Materials

6. OTHER SIGNIFICANT ITEMS

X _____
Employee's Signature Date

X _____
Supervisor's Signature Date

**Upon completion, copy and return original to the Employment Manager, 833 Chestnut Street, Suite 900
Thank you for your cooperation.**