*Conducted by Supervisor*

|  |  |
| --- | --- |
| **Employee Name:**  |  |
| **Supervisor** |  |
| **Phone:** |  |
| **Section:** |  |

**Breaks and Work Schedule**

\_\_\_Absences

\_\_\_Lunch/Breaks

\_\_\_Tardiness

\_\_\_IHRPS Employee Self-Service (ESS)

\_\_\_Work Schedule

**Essential Items**

**\_\_\_**Business Cards

**\_\_\_**Cell Phone

**\_\_\_**Computer/Laptop/Other

\_\_\_Email Distribution List(s)

\_\_\_ID Badge

\_\_\_Keys (if applicable)

\_\_\_Name Card for Cubicle/Office

**Performance Management –NC VIP Program**

\_\_\_\_Job Description

 (Signed within 60 days of transfer/hire)

\_\_\_\_Probationary Period

\_\_\_\_Work Plan

 (Signed within 60 days of transfer/hire)

**Policies/Procedures/Guidelines**

\_\_\_\_Access to Policy Manuals

 (State Personnel, State Budget, DEQ & Division)

\_\_\_\_CDL *(for specific positions)*

\_\_\_\_Impact of Work on Department/Division/Public

\_\_\_\_Internal Policies/Procedures

\_\_\_\_Personal Conduct

\_\_\_\_Section Policies/Procedures

\_\_\_\_Work Attire/Personal Appearance

**Safety**

\_\_\_\_Clean Up Rules/Housekeeping

\_\_\_\_Designated Smoking Areas

\_\_\_\_Fire Exits/Evacuation Plan/ Reporting Procedure

\_\_\_\_Health/Safety

\_\_\_\_Location of First Aid/Medical Facilities

\_\_\_\_Personal Protective Equipment (if applicable)

\_\_\_\_Specific Safety Rules

\_\_\_\_What To Do In Case of Injury/Illness

**Tour**

\_\_\_\_Co-Workers

\_\_\_\_Conference & Meeting Rooms

\_\_\_\_Mail Room

\_\_\_\_Rest Rooms/Water Fountains

\_\_\_\_Snack Bar

\_\_\_\_Supplies/Equipment

\_\_\_\_Supply Room

\_\_\_\_Where to Keep Personal Belongings

\_\_\_\_Work Area

**Transportation/Travel**

\_\_\_Parking

\_\_\_Public Transportation

\_\_\_Travel Procedures

*The above items have been discussed with the new/transferred employee.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Signature Date

I certify that this information was covered by the above supervisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 New or Transferred Employee’s Signature Date