WORKPLACE ORIENTATION

The following information will be provided or briefed by the section supervisor. Each item as reviewed will be initialed by the supervisor and the employee.

_____Written Job Description
_____Performance Evaluation
_____Schedules and Attendance
_____Leave Without Pay
_____Chain of Command
_____Procedures Manual
_____Dress Code
_____Hepatitis Vaccine
_____Meal and Break Times/Eating Area
_____Sexual Harassment
_____Confidentiality of Resident Information
_____Security Relief (Nursing/Security Only)
_____Time Sheet
_____Leave Request
_____Overtime
_____Tardiness
_____Duty Relief
_____Personal Injuries
_____Telephone Use
_____Employee Visitors
_____Fire Extinguisher Locations
_____Inclement Weather Work Policy
_____Discussion of Person Business

My supervisor, _____, has briefed me on the above topics on the dates listed. I understand that I am responsible for this information and agree to ask questions for assistance when I am unsure of what is expected of me. I understand that I may also refer to the procedures manual when I am in doubt.

_____ _____

Employee Signature Date

_____ _____

Supervisors Signature Date

Keep signed original in personnel file, copies to supervisor file, employee and a copy sent to ADVA Human Resources for files.

Videos to watch within six weeks employment:

_____Resident Rights
_____Confidentiality
_____Fire
_____Infection Control