

A: Employee/Position Information

Employee Name:

Banner ID:

Supervisors Name:

Position:

Department:

Start Date:

B: Orientation

1. Introductions:

- Colleagues Department Buddy Meeting with Manager

2. Department Information:

- | | | | |
|-----------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Accident Reporting ? | <input type="checkbox"/> Department/Protocol ? | <input type="checkbox"/> Desktop Training ? | <input type="checkbox"/> Dress Code ? |
| <input type="checkbox"/> Events/Functions ? | <input type="checkbox"/> Equipment/Supplies ? | <input type="checkbox"/> FOI/POP & RM ? | <input type="checkbox"/> Healthy BCIT ? |
| <input type="checkbox"/> Info (Unions) ? | <input type="checkbox"/> Institute Policies ? | <input type="checkbox"/> ITS Policies ? | <input type="checkbox"/> Mail ? |
| <input type="checkbox"/> New to BCIT ? | <input type="checkbox"/> OH&S ? | <input type="checkbox"/> Philosophy ? | <input type="checkbox"/> Professional Development ? |
| <input type="checkbox"/> NEO ? | <input type="checkbox"/> Phone System ? | <input type="checkbox"/> Staff ID ? | <input type="checkbox"/> Structure ? |
| <input type="checkbox"/> WHMIS ? | <input type="checkbox"/> Work Station ? | | |

3. Position:

- 100 Day Plan Job Description Probation & Assessment

4. Facilities:

- Cafeterias Emergency Exits First Aid ?

Safety & Security ? Switchboard Library Washrooms

5. Work Schedule:

- Call in Procedures Breaks Pay Dates ? Time-Off Requests
- Regular Hours

6. For Instructors Only:

- | | | | |
|-------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Copyright Policy | <input type="checkbox"/> Meetings | <input type="checkbox"/> DRC | <input type="checkbox"/> Instructor Handbook |
| <input type="checkbox"/> LTC | <input type="checkbox"/> Student Conduct | <input type="checkbox"/> Audio Visual Services | <input type="checkbox"/> @ 'O ? |

Ongoing:

- | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Understanding of responsibilities & procedures | <input type="checkbox"/> Meet to discuss progress & answer questions |
| <input type="checkbox"/> Review progress & evaluate performance | <input type="checkbox"/> Set objectives for improvement |

C: Signatures

Please sign and return to Human Resources within 100 days of the start date.

Employee Signature

Date

Supervisor Signature

Date