DIXIE STATE COLLEGE CAMPUS SERVICES OFFICE
DEPARTMENT ORIENTATION

EMPLOYEE NAME: ________________________________ DATE: ___________

FIRST DAY ON THE JOB

COMPLETED

☐ 1. ISSUE KEYS, SIGN KEY REQUEST
☐ 2. ISSUE PAGER AND PAGER NUMBER
☐ 3. ASSIGN MAIL BOX
☐ 4. ASSIGN BUILDINGS
☐ 5. ORDER UNIFORMS
☐ 6. SAFE DRIVING TEST
☐ 7. HAZ-MAT ORIENTATION
☐ 8. INTRODUCTION TO DEPARTMENT EMPLOYEES AND SUPPORTING STAFF
☐ 9. MAKE SURE PAPER WORK IS COMPLETED WITH HUMAN RESOURCES OFFICE
☐ 10. ACQUAINT EMPLOYEE WITH COMPUTER CLOCK IN/CLOCK OUT PROCEDURES
☐ 11. INTRODUCE NEW EMPLOYEE TO THE BACK UP EMPLOYEE FOR ASSIGNED BUILDING(S)

EMPLOYEE SIGNATURE: ________________________________ DATE: ___________
SECOND DAY ON THE JOB

COMPLETED

☐ 1. GIVE EMPLOYEE A CAMPUS TOUR

☐ 2. EXPLAIN PROCESS OF CHAIN OF COMMAND

☐ 3. EXPLAIN SAFETY REGULATIONS AND REQUIREMENTS

☐ 4. EXPLAIN THE EMPLOYEE’S REQUIREMENTS FOR THE FIRST THIRTY DAYS

☐ 5. PHYSICAL PLANT ORIENTATION
   FACILITIES DIRECTOR

☐ 6. STARTS PERFORMING DUTIES
DIXIE STATE COLLEGE CAMPUS SERVICES OFFICE
DEPARTMENT ORIENTATION

EMPLOYEE NAME: ______________________________________ DATE: ___________

THIRD DAY ON THE JOB

COMPLETED

☐ 1. EMPLOYEE TRAINING AS DESIGNATED BY SUPERVISOR (FOUR PAGE NEW HIRE TRAINING CHECK LIST)

☐ 2. EXPLAIN POSITION HIRED FOR AND IT’S DUTIES
   EXPLAIN JOB DESCRIPTION TO EMPLOYEE

☐ 3. EMPLOYEE TO PICK UP ACTIVITY CARD
FOURTH DAY ON THE JOB

COMPLETED

☐ 1. DISCUSS OFFICE SCHEDULE WITH EMPLOYEE
DIXIE STATE COLLEGE CAMPUS SERVICES OFFICE
DEPARTMENT ORIENTATION

EMPLOYEE NAME: ______________________________________ DATE: ___________

FIFTH DAY ON THE JOB

COMPLETED

☐ 1. FORK LIFT TRAINING

☐ 2. AERIAL LIFT TRAINING
DIXIE STATE COLLEGE CAMPUS SERVICES OFFICE
DEPARTMENT ORIENTATION

EMPLOYEE NAME: ________________________________ DATE: ___________

THIRTY DAY EVALUATION

YES  NO

☐  ☐  1. KNOWLEDGE OF CHEMICAL COMMAND CENTER IN
   EMPLOYEE’S ASSIGNED BUILDING(S)

☐  ☐  2. KNOWLEDGE OF CHAIN OF COMMAND

☐  ☐  3. KNOWLEDGE OF MOST OF THE NAMES AND LOCATIONS OF ALL
   BUILDINGS ON CAMPUS

☐  ☐  4. SAFETY PRECAUTIONS/REQUIREMENTS

☐  ☐  5. NAMES AND POSITIONS OF EMPLOYEES IN OFFICE

☐  ☐  6. KNOWLEDGE OF KEY STAFF IN OFFICE

☐  ☐  7. FAMILIARITY WITH THE LOGS SET UP BY THE DEPARTMENT
SIX MONTH EVALUATION

YES  NO
☐  ☐  1. KNOWLEDGE OF NAMES AND LOCATIONS OF ALL BUILDINGS ON CAMPUS

☐  ☐  2. KNOWLEDGE OF ALL LOGS SET UP BY THE DEPARTMENT

☐  ☐  3. KNOWLEDGE OF JOB DUTIES AND EXPECTATIONS

☐  ☐  4. BY THIS TIME, EMPLOYEE SHOULD FEEL MORE COMFORTABLE WITH JOB

☐  ☐  5. GAINING KNOWLEDGE OF EQUIPMENT, EQUIPMENT FUNCTIONS, AND LOCATIONS (EXPECTED TO KNOW 50%)

☐  ☐  A - ____________________________

☐  ☐  B - ____________________________

☐  ☐  C - ____________________________

☐  ☐  6. KNOWLEDGE ______________________________________

____________________________________

(EXPECTED TO KNOW 50%)
ONE YEAR EVALUATION

YES  NO

☐  ☐  1. EMPLOYEE SHOULD KNOW ALL OF THE LOGS SET UP BY THE DEPARTMENT

☐  ☐  2. EMPLOYEE SHOULD KNOW ALL DUTIES

☐  ☐  3. PRACTICING ALL SAFETY PROCEDURES

☐  ☐  4. PRODUCING QUALITY AND THOROUGH ASSIGNMENTS

☐  ☐  5. BE AN ASSET TO THE DEPARTMENT AND A TEAM PLAYER FUNCTION WELL WITH OTHER EMPLOYEES (THIS IS REQUIRED)

☐  ☐  6. EMPLOYEE SHOULD KNOW ____________________________________________

____________________________________________________________

(EXPECTED TO KNOW 100%)

☐  ☐

A - ______________________________

B - ______________________________

C - ______________________________

☐  ☐  7. KNOWLEDGE OF ________________________________________________

____________________________________________________________

(EXPECTED TO KNOW 100%)