

**HUMAN RESOURCES DEPARTMENT  
EMPLOYEE WORKSITE ORIENTATION**

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Employee's Name (Please Print)

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Employee's Identification Number

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**DIRECTIONS:** The Worksite Orientation is to be conducted by the employee's immediate supervisor. This form must be completed and returned to the Payroll Information Management, Human Resources Department, 111 N.W. 1st Street, 20th Floor, before the employee's first pay period.

NOTE: This form will be placed in the employee's personnel file.

Put a check mark in the box next to the item as it is discussed.

**1. WORKSITE OVERVIEW**

- ☐ Description of the employee's job or list of duties and responsibilities
- ☐ Explanation of job series and promotional opportunities
- ☐ Work of the unit/department, employee's position in the unit, and the working relationship with other employees
- ☐ Office, elevators, bathrooms, water fountain, bulletin boards, parking, and other facilities
- ☐ Location of employee workplace, tools, equipment, and manuals

**2. INTRODUCTION OF EMPLOYEE TO DEPARTMENT PERSONNEL**

- ☐ Duties of each person to whom introduced
- ☐ Person the new employee should go to in the future for job related assistance

**3. RULES AND REGULATIONS**

- ☐ Work hours, lunch, breaks and overtime
- ☐ Employee classification and performance standards
- ☐ Annual leave, sick leave, and abandonment of position
- ☐ Pay check distribution, direct payroll deposit
- ☐ Where and when to call in case of illness or inability to get to work
- ☐ Outside employment, conflict of interest, gifts, and political activities
- ☐ Performance evaluation and probationary period
- ☐ Use and care of tools and equipment
- ☐ Driver's responsibilities if involved in vehicle accident
- ☐ Safe working habits and reporting of job related injuries
- ☐ Other office practices and procedures (smoking, fire regulations, telephone and long-distance policy, etc.)
- ☐ Department rules, regulations, and procedures (attach department form if applicable)
- ☐ Name and phone number of Departmental Affirmative Action Officer, Personnel Officer/Representative
- ☐ Work manual assigned (if applicable)
- ☐ Orientation to the Right-to-Know Law Chapter 442 Florida Statutes

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EMPLOYEE'S SIGNATURE

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(Print Supervisor's Name)

(I hereby acknowledge that each item on this list has been explained to me.)

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SUPERVISOR'S SIGNATURE/DATE