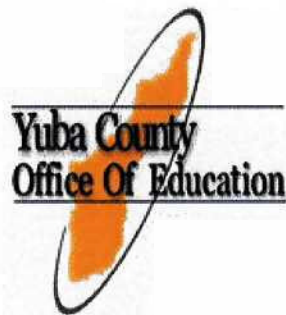


Yuba County Office of Education



Employee Orientation Guidelines

YUBA COUNTY OFFICE OF EDUCATION NEW EMPLOYEE ORIENTATION

When a person is employed by the Yuba County Office of Education, he/she is to meet first with the Human Resources Technician to complete all the new hire paperwork and then with their department head. There is a New Employee Orientation Checklist for both the Human Resources Director and the department head to complete at the end of each meeting. The completed forms will be kept in the employee's personnel file.

The purpose of the New Employee Orientation process is to develop the skills, knowledge, attitudes and values in new employees that will be necessary for them to effectively carry out their professional roles.

The goals of New Employee Orientations are: to improve job performance; decrease new employee concerns and anxiety; clarify performance standards and expectations; increase retention of promising employees and reduce recruitment efforts and costs; promote the personal and professional well-being of new employees; provide enhanced quality customer service; fulfill the requirements of law, policy or contract; enhance collegiality and build understanding and commitment to the culture of the organization; and to foster pride.

New employees should receive ongoing support that is practical and relevant to their needs, provides timely formal and informal feedback on performance, and provides security and comfort in seeking information and assistance.

New Employee Orientation Checklist

(Supervisor's Form)

Employee's Name: _____ Job Title: _____

SUPERVISOR: The following is a checklist of information necessary to orient the new employee to the job at your site. Please check off each point as you discuss it with the employee and maintain in site file.

Job Orientation

- | | |
|---|-------------------------------------|
| _____ COE Culture/Mission | _____ Performance evaluation |
| _____ Job description and actual duties | ♦ Standards and expectations |
| ♦ How does this job relate to Yuba | ♦ Evaluation criteria and timelines |
| County Office of Education goals? | _____ Introductions to staff |
| _____ Organizational chart of program, | _____ Phone numbers and location |
| department, school | _____ Tour of site/department |
| ♦ Key people | _____ Program overview |
| ♦ Inter department procedures/duties | ♦ Meetings |
| of other staff | ♦ Committees |
| _____ Probation period | ♦ Program specific items to review |
| ♦ How long | _____ Telephone Tree |
| ♦ Training | |

Procedures Review

- | | |
|---|--|
| Knowledge and Compliance with: | _____ School discipline plan and rules |
| _____ Attendance | _____ Emergency procedures |
| ♦ Work hours | ♦ Fire and disaster drills |
| ♦ Lunch/Breaks | ♦ Who to call/phone numbers |
| ♦ Who to contact when absent | _____ Safety on the job |
| ♦ Rules regarding attendance, | ♦ What do you do when an accident |
| absences, arriving late, leaving | occurs? |
| during work hours | ♦ To whom do you submit report? |
| _____ Dress code | ♦ Safety conditions of employment/ |
| _____ Review staff handbook/program | site security plans |
| handbook | ♦ MSDS sheets |
| _____ Handling confidential information | _____ Business procedures |
| _____ Identification | ♦ Petty cash |
| ♦ Badges | ♦ Supplies request |
| ♦ Check-in sites | ♦ Credit card use |
| _____ Vehicle use/vans | ♦ Mileage |
| _____ Reporting changes in address/ | ♦ Time sheets |
| phone number | _____ Lesson plans |
| | ♦ Substitute lesson plans |

Miscellaneous Information

- | | |
|--|--|
| _____ Work year calendar/schedule | _____ Parking regulations/passes |
| _____ Location of restroom, staff lounge and cafeteria | _____ Use of phone <ul style="list-style-type: none">♦ How to use♦ Personal messages/calls♦ Emergency messages/calls♦ Telephone manners |
| _____ Location of bulletin boards <ul style="list-style-type: none">♦ Importance of reading posted notices | _____ Ordering supplies/equipment |
| _____ First aid supplies/facilities | _____ Staff development <ul style="list-style-type: none">♦ Conferences♦ Mandatory/Optional♦ Peer observation |
| _____ Resources – programs | _____ After hours access to sites and alarm protected areas |
| _____ Importance of work environment appearance <ul style="list-style-type: none">♦ Work station♦ Classroom♦ Parking lot♦ Grounds | _____ Receive evaluation procedure and set date of first review/observation |
| _____ Internet use | |
| _____ MSDS binder/location | |

Follow-Up

_____ Set date and time within one to two weeks to cover questions or concerns

Supervisor's Signature: _____ Date: _____

NEW EMPLOYEE ORIENTATION

(Human Resources Form)

NAME: _____ SS#: _____
(Last) (First) (Middle)

ADDRESS: _____ BIRTHDATE: ____/____/____

CITY: _____ STATE: _____ ZIP CODE: _____ SEX: ___ Male ___ Female

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: Asian Black/African American Filipino Hispanic Indian/Native American
 Multi-National Other Non-White Pacific Islander White/Caucasian

RETIREMENT SYSTEM:

Are you a member of the Public Employees' Retirement System (PERS)? Yes No

Are you a member of the State Teachers' Retirement System (STRS)? Yes No

OFFICE USE ONLY

Required Forms, Handouts and Items Discussed (check as completed)

- | | |
|---|---|
| <input type="checkbox"/> Employment Contract | <input type="checkbox"/> What to do in Case of Injury |
| <input type="checkbox"/> Personnel Action Request (PAR) | <input type="checkbox"/> Hepatitis B Consent/Waiver Form |
| <input type="checkbox"/> Technology Welcome Letter/Email Instructions | <input type="checkbox"/> Employees with Infectious Disease |
| <input type="checkbox"/> W-4 | <input type="checkbox"/> Section 125 Form, 403(b) Plan Solutions |
| <input type="checkbox"/> DE4 (Employee Withholding Allowance) | <input type="checkbox"/> Staff Handbook |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> Negotiated Contract (Cert./Class.) |
| <input type="checkbox"/> <input type="checkbox"/> Passport or Driver's License & SSN (copy) | <input type="checkbox"/> Job Description |
| <input type="checkbox"/> Payroll Delivery Authorization | <input type="checkbox"/> Union Papers |
| <input type="checkbox"/> STRS Permissive Election Form (if applicable) | <input type="checkbox"/> TCSIG Summary of Benefits |
| <input type="checkbox"/> Sick Leave Transfer (if applicable) | <input type="checkbox"/> Insurance Plan Documents – Medical,
Dental & Vision Insurance |
| <input type="checkbox"/> Oath of Allegiance | <input type="checkbox"/> Insurance Enrollment Form or Waiver Form |
| <input type="checkbox"/> Driving Record | <input type="checkbox"/> <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Emergency Card | <input type="checkbox"/> <input type="checkbox"/> Dependent Birth Certificate(s) |
| <input type="checkbox"/> Safety Training Verification | <input type="checkbox"/> Emergency Action Plan |
| <input type="checkbox"/> Child Abuse & Neglect (Reporting Procedures) | <input type="checkbox"/> Paid Family Leave Insurance Program |
| <input type="checkbox"/> Intranet/Internet Acceptable Use Agreement | <input type="checkbox"/> EDD – Disability Insurance Provisions |
| <input type="checkbox"/> Drug & Alcohol-Free Workplace | <input type="checkbox"/> Request for Leave of Absence |
| <input type="checkbox"/> Tobacco-Free Schools/Smoking | <input type="checkbox"/> Release of Personal Information |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> <i>Fingerprints Completed on</i> _____ |
| <input type="checkbox"/> Professional Growth Plan Guidelines | <input type="checkbox"/> <i>TB Test expires</i> _____ |
| <input type="checkbox"/> Workers' Compensation Information | |
| Videos Watched (check as completed) | |
| <input type="checkbox"/> Staff Orientation Video | <input type="checkbox"/> Blood-borne Pathogen Video |

EMPLOYEE CERTIFICATION

I acknowledge that I have been provided the above forms to complete, received the handouts checked, and the items discussed with me, as applicable:

Employee's signature: _____ Date: _____

Human Resource's signature: _____ Date: _____

Directory for Employee Questions

Area	Departments	Contact	Phone Number
Attendance	Human Resources	Janet Beaver	749-4867
Credentials	Human Resources	Jennifer Allread	749-4869
Maintenance/Repair	Maintenance	Cheryl Baxter Howard Busch	749-6921
Medical/Dental Benefits	Human Resources	TCSIG Janet Beaver	822-5299 749-4867
Negotiated Employee Contracts	Certificated Classified	Gary Wiese Codi Walker	634-9723 749-6124
Payroll	Human Resources/Business	Cindy Sutfin Veronica Ceglie	749-4870 749-4908
PERS – Retirement	Human Resources/Business	Cindy Sutfin Dorothy Rongley	749-4870 749-4864
Professional Growth/Staff Development	Educational Services	Sally Sokoloski Melissa Orcutt	749-4871 749-4990
STRS – Retirement	Human Resources/Business	Cindy Sutfin Debbie Williamson	749-4870 749-4865
Technology Repair	Technology	Brian M'Donald	749-4845
Vehicle Checkout	Maintenance	Cheryl Baxter Howard Busch	749-6921
Workers' Compensation	Human Resources	Cindy Sutfin Jennifer Allread	749-4870 749-4869