

DEPARTMENT CHECKLIST FOR NEW EMPLOYEE

TO: _____ DEPARTMENT _____

This form is provided to help you prepare for your new employee and should be done before the employee starts.

EMPLOYEE _____ STARTING DATE _____

_____ OFFICE WORK SPACE
_____ DESK
_____ CHAIR
_____ SUPPLIES
_____ COMPUTER
_____ NAME PLATE
_____ BUSINESS CARDS

_____ NECESSARY MATERIALS
_____ PROCEDURES
_____ MANUAL
_____ REPORTS
_____ BUDGETS
_____ OTHER (Staff Listing, Phone List, etc.)

_____ CONTACT IT
_____ PHONE FOR WORK STATION
_____ PASSWORD FOR COMPUTER
_____ PASSWORD FOR TELEPHONE
_____ ACTIVATE VOICE MAIL
_____ SOFTWARE

_____ DISCUSS WITH CURRENT EMPLOYEES
_____ LUNCH/BREAK SCHEDULE
_____ WORK SCHEDULE
_____ EMPLOYEE I.D. NUMBER FOR PAYROLL, If Applicable
_____ ANY CHANGES YOU WOULD LIKE TO SUGGEST

Department Head / Supervisor Signature

Date