

# 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

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Department Head / Supervisor Signature

Date