

NEW EMPLOYEE ORIENTATION CHECKLIST



TEXAS TECH UNIVERSITY
Operations Division

INSTRUCTIONS: This checklist is designed to assist supervisors and employees with the orientation of new position.

EMPLOYEE'S NAME: _____ TTU ID#: _____

SHOP/SECTION: _____ HIRE DATE: _____

1ST DAY of Employment - DIVISION NEW EMPLOYEE ORIENTATION

- | | | |
|-----------------------------------|--|---|
| ____ TTU System Overview | ____ Professionalism in Workplace Training | ____ Employee Support Services Briefing |
| ____ Operations Division Overview | ____ R.F. Awareness Training | ____ Safety Services Orientation |
| ____ Onboarding Tips | ____ Title IX Training | ____ Tour of Compound |

Within the First 3-DAYS of Employment - EMPLOYMENT PROCESSING

- | | |
|--|---|
| ____ TTU Employee ID - ESS Rm.104 | ____ Request PPE (boots, gloves, tools etc.) from supervisor |
| ____ Order/distribute uniforms | ____ Request parking pass @ ASC 4 th /Flint |
| ____ Setup Eraider account - ESS Rm.104 | ____ Request TMA & Banner |
| ____ Key Management System - ESS Rm. 104 | ____ Supervisor overview of Section Policies/Procedures |
| ____ WebHRMS - ESS Rm. 104 | ____ Review location of first aid kits, eye wash stations, fire extinguishers & AED |

Within the First 30-DAYS of Employment - MANDATORY TRAINING

TTU NEW EMPLOYEE ORIENTATION: If the new employee is unable to attend TTU NEO as scheduled, please notify Employee Support Services immediately to reschedule.

- DATE:** _____ **TIME:** _____ **PLACE:** _____ **DATE:** _____ **TIME:** _____ **PLACE:** _____
- Equal Employment Opportunity
 - Customer Service "Tech Cares"
 - Workplace Violence Prevention
 - QPR
 - Benefits Orientation

SAFETY : Additional Safety training may be required based off your position, duties and supervisor.

- DATE:** _____ **TIME:** _____ **PLACE:** _____
- Safety Awareness
 - Hazardous Communication

LEADERSHIP SERIES: Mandatory for all new supervisors

- DATE:** _____ **TIME:** _____ **PLACE:** _____
- Module I: Communication
 - Module II: Coaching
 - Module III: Performance Management

ADDITIONAL: Mandatory for all new supervisors & employees

- O.D. HRMS - ESS Rm. 104 _____
- O.D. TimeClock Plus - ESS Rm. 104 _____
- STOP for Each Other _____

Upon Completion Please Submit to Employee Support Services (ESS) - Placed in Personnel File

ACKNOWLEDGEMENT: I acknowledge that all items contained in this checklist were completed unless otherwise noted.

Employee's Signature _____ Printed Name _____

Date _____ Supervisor's Signature _____ Printed _____

Name _____ Date _____