**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:** ______________________

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**1ST DAY of Employment - DIVISION NEW EMPLOYEE ORIENTATION**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>TTU System Overview</td>
<td>Professionalism in Workplace Training</td>
<td>Employee Support Services Briefing</td>
</tr>
<tr>
<td>Operations Division Overview</td>
<td>R.F. Awareness Training</td>
<td>Safety Services Orientation</td>
</tr>
<tr>
<td>Onboarding Tips</td>
<td>Title IX Training</td>
<td>Tour of Compound</td>
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</table>

**Within the First 3-DAYS of Employment - EMPLOYMENT PROCESSING**

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

**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

**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

**DATE:** _____________ **TIME:** ______________ **PLACE:** _______________

- 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 ___________________