

INSTRUCTIONS

This form is for use in orienting new VA employees. It covers the first two phases of the orientation process, viz: (I) at the employee is inducted, and (II) at the time of report to the work site. Phase III (Group Orientation) ordinarily should not be given sooner than 3 or even 6 weeks after appointment. These checklists are not intended to be all-inclusive, but to serve as a convenient reminder of the important matters that should be covered. Those items not applicable

or appropriate to your type of station need not to be used. Space is provided for inserting other necessary or desirable items. Check off the topics discussed with the employee. Before the employee reports for duty, the personnel office should fill in on both parts of the form the employee's name, title, etc., and send the Phase II portion to the supervisor as an advance notification. Stations having a standard checklist for Phase I may use it in place of this sheet:

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| NAME, TITLE, AND GRADE OF EMPLOYEE | EOD DATE |
|------------------------------------|----------|

ORGANIZATION (*Service, division, etc.*)

| CHECK | PHASE I - IN THE PERSONNEL OFFICE | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 1. PREPARE PROPER ACCOMMODATIONS FOR THE INTERVIEW. | <input type="checkbox"/> |
| <input type="checkbox"/> | A quiet place, private if possible. | <input type="checkbox"/> |
| <input type="checkbox"/> | Neat and orderly surroundings. | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. WELCOME EMPLOYEE AND PUT HIM OR HER AT EASE. | <input type="checkbox"/> |
| <input type="checkbox"/> | Use a friendly approach. Offer a comfortable chair. | <input type="checkbox"/> |
| <input type="checkbox"/> | Show a genuine interest. | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. INDICATE THE PURPOSE OF THE INTERVIEW. | <input type="checkbox"/> |
| <input type="checkbox"/> | To explain orientation program, of which this is a part. | <input type="checkbox"/> |
| <input type="checkbox"/> | To discuss immediate needs and problems. | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. GIVE INFORMATION ABOUT GROUP ORIENTATION MEETING. | <input type="checkbox"/> |
| <input type="checkbox"/> | Time and place. | <input type="checkbox"/> |
| <input type="checkbox"/> | A handout of subjects to be covered, if available. | <input type="checkbox"/> |
| <input type="checkbox"/> | Relationship to first two phases of the orientation process. | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. DESCRIBE THE WORK ASSIGNMENT. | <input type="checkbox"/> |
| <input type="checkbox"/> | Name and location of the organizational unit. | <input type="checkbox"/> |
| <input type="checkbox"/> | Position title and grade. | <input type="checkbox"/> |
| <input type="checkbox"/> | Brief rundown of duties typical of the position. | <input type="checkbox"/> |
| <input type="checkbox"/> | Name and title of immediate supervisor. | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. EXPLAIN MISSION OF VA AND OF STATION. | <input type="checkbox"/> |
| <input type="checkbox"/> | Importance of services rendered. | <input type="checkbox"/> |
| <input type="checkbox"/> | Opportunity to contribute to accomplishment of these missions. | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. GENERAL INFORMATION ABOUT CONDITIONS OF EMPLOYMENT. | <input type="checkbox"/> |
| <input type="checkbox"/> | Nature of appointment. | <input type="checkbox"/> |
| <input type="checkbox"/> | Salary, including "pay lag", pay plan, withholding, retirement, other deductions, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. EXPLAIN AVAILABLE BENEFITS AND SERVICES. | <input type="checkbox"/> |
| <input type="checkbox"/> | Medical, educational, training, recreational, housing, transportation, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | Federal Employees' Group Life Insurance, Health Benefits Plans, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. HAND OUT "EMPLOYMENT FOLDER". | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain its purpose. | <input type="checkbox"/> |
| <input type="checkbox"/> | Show and briefly introduce enclosed material. | <input type="checkbox"/> |
| <input type="checkbox"/> | Suggest reading the material before attending group orientation session. | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. SCHEDULE EMPLOYEE FOR STATION SAFETY TRAINING. | <input type="checkbox"/> |
| <input type="checkbox"/> | 11. OTHER (<i>Add items as appropriate</i>). | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> | 12. ENCOURAGE EMPLOYEE TO ASK QUESTIONS. | <input type="checkbox"/> |
| <input type="checkbox"/> | Answer them as fully as you can. | <input type="checkbox"/> |
| <input type="checkbox"/> | 13. INTRODUCE EMPLOYEE TO STATION OFFICIALS. | <input type="checkbox"/> |
| <input type="checkbox"/> | Station director and assistant director, if feasible. | <input type="checkbox"/> |
| <input type="checkbox"/> | Other appropriate top officials in the organization. | <input type="checkbox"/> |
| <input type="checkbox"/> | 14. ESCORT EMPLOYEE TO SUPERVISOR. | <input type="checkbox"/> |
| <input type="checkbox"/> | Introduce employee. | <input type="checkbox"/> |
| <input type="checkbox"/> | Ask supervisor to follow through on orientation, using Phase II checklist. | <input type="checkbox"/> |

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| SIGNATURE AND TITLE OF PERSON(S) CONDUCTING ORIENTATION | DATE |
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INSTRUCTIONS

This checklist is for use by the supervisor(s) in orienting a new employee reporting for duty at the work unit. The list is intended not to be all-inclusive, but to serve as a convenient reminder of the important matters that should be covered. Those items not applicable or appropriate to your type of situation need not be used. Space is provided for inserting other necessary or desirable items. Some topics may best be discussed with the employee by the division or service

chief; others may be more suitable for discussion by the immediate supervisor. Check off the items covered in the interview(s). The form should be signed and returned to the personnel office within 15 days after the employee's entrance on duty. (Note: Both sheets may then be destroyed. If preferred, they may be held for a locally determined time for such purposes as review by the Training Development Committee and then destroyed.)

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| NAME, TITLE, AND GRADE OF EMPLOYEE | EOD DATE |
|------------------------------------|----------|

ORGANIZATION (*Service, division, etc.*)

| CHECK | PHASE II - AT THE WORK SITE | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1. GET READY TO ORIENT THE NEW EMPLOYEE. | <input type="checkbox"/> |
| <input type="checkbox"/> | Review experience, education, training. | <input type="checkbox"/> |
| <input type="checkbox"/> | Have current job description or list of duties and responsibilities available for discussion. | <input type="checkbox"/> |
| <input type="checkbox"/> | Have work place, equipment, and supplies ready. | <input type="checkbox"/> |
| <input type="checkbox"/> | Prepare a quiet, private place for the interview, if possible. | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. WELCOME EMPLOYEE AND PUT HIM/HER AT EASE. | <input type="checkbox"/> |
| <input type="checkbox"/> | Use a friendly approach. Offer a comfortable chair. | <input type="checkbox"/> |
| <input type="checkbox"/> | Indicate your work relationship to the employee. | <input type="checkbox"/> |
| <input type="checkbox"/> | Inquire about housing, transportation, and parking situation. | <input type="checkbox"/> |
| <input type="checkbox"/> | Discuss background and interests. | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. EXPLAIN THE WORK OF THE UNIT. | <input type="checkbox"/> |
| <input type="checkbox"/> | Its organization and functions. | <input type="checkbox"/> |
| <input type="checkbox"/> | Indicate employee's position in the unit. | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain relation of employee's work to that of others. | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain to whom employee reports and who, if any, reports to employee | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. SHOW EMPLOYEE THE LAYOUT AND AVAILABLE FACILITIES. | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain layout of office or work area. | <input type="checkbox"/> |
| <input type="checkbox"/> | Show elevators, rest room, water fountain, and similar facilities. | <input type="checkbox"/> |
| <input type="checkbox"/> | Discuss station and other eating facilities. | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. INTRODUCE EMPLOYEE TO OTHER UNIT SUPERVISORS AND CO-WORKERS. | <input type="checkbox"/> |
| <input type="checkbox"/> | Indicate to each the new employee's position. | <input type="checkbox"/> |
| <input type="checkbox"/> | Mention briefly the duties of each person introduced. | <input type="checkbox"/> |
| <input type="checkbox"/> | Identify time clerk and personnel clerk. | <input type="checkbox"/> |
| <input type="checkbox"/> | Arrange for a co-worker to lunch with employee the first day (or, better still, go yourself). | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. EXPLAIN UNIT RULES AND REGULATIONS. | <input type="checkbox"/> |
| <input type="checkbox"/> | Hours of work, punctuality, good attendance. | <input type="checkbox"/> |
| <input type="checkbox"/> | Lunch and rest periods, if any. | <input type="checkbox"/> |
| <input type="checkbox"/> | Leave, including when and to whom requests should be made. | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. (Continued) | <input type="checkbox"/> |
| <input type="checkbox"/> | Use of telephone. | <input type="checkbox"/> |
| <input type="checkbox"/> | Other practices and procedures, e.g., uniforms, smoking, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. INSTRUCT EMPLOYEE IN DUTIES, OR ASSIGN TO A QUALIFIED INSTRUCTOR. | <input type="checkbox"/> |
| <input type="checkbox"/> | Discuss duties and responsibilities of job. | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain quality and quantity requirements. | <input type="checkbox"/> |
| <input type="checkbox"/> | Assign employee to work place. | <input type="checkbox"/> |
| <input type="checkbox"/> | Give step-by-step instruction (JIT four-step method, if appropriate). | <input type="checkbox"/> |
| <input type="checkbox"/> | Indicate availability of help when needed. | <input type="checkbox"/> |
| <input type="checkbox"/> | Provide learning aids, i.e., samples of work, forms, manuals, procedures, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | Explain use and care of whatever tools, equipment, and supplies, are required. | <input type="checkbox"/> |
| <input type="checkbox"/> | Stress security or confidential aspects of job, if any. | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. SAFETY ORIENTATION. | <input type="checkbox"/> |
| <input type="checkbox"/> | Stress importance of working safely. | <input type="checkbox"/> |
| <input type="checkbox"/> | Potential hazards and safety procedures. | <input type="checkbox"/> |
| <input type="checkbox"/> | Personal protective equipment and its use. | <input type="checkbox"/> |
| <input type="checkbox"/> | Location of: emergency phone numbers, fire alarm boxes, and extinguishers. | <input type="checkbox"/> |
| <input type="checkbox"/> | Appropriate actions to be taken if you are injured or if someone is hurt. | <input type="checkbox"/> |
| <input type="checkbox"/> | Disaster instructions and evacuation plans and procedures. | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. OTHER (Add items as appropriate. Continue on page 3 if needed). | <input type="checkbox"/> |
| <input type="checkbox"/> | Discussed position specific competencies and had employee sign competency form. | <input type="checkbox"/> |
| <input type="checkbox"/> | Ensure your service provides and documents HIPPA/Privacy training within 30 days of employment. | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. FOLLOW-UP. | <input type="checkbox"/> |
| <input type="checkbox"/> | Check progress often during first few days. | <input type="checkbox"/> |
| <input type="checkbox"/> | Encourage questions and answer them fully. | <input type="checkbox"/> |
| <input type="checkbox"/> | Make corrections tactfully, as necessary. Give encouragement. | <input type="checkbox"/> |

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| SIGNATURE AND TITLE OF SUPERVISOR(S) CONDUCTING ORIENTATION | DATE |
| | DATE |

