

USC SCHOOL OF MEDICINE
Departmental Orientation for TEMPORARY New Employees

Please discuss and check applicable items below with the new employee no later than the first day of employment. Sign, date and give a copy of all forms to employee. *This form must be returned to SOM HR with hire packet.*

Employee: _____ Dept: _____ Supervisor: _____

New Hire Information

- ___ New hire information web page: <http://hr.med.sc.edu/new.hire.information.asp>
- ___ Review job duties with employee and explain duties and responsibilities
- ___ Performance expectations
- ___ HR policies and procedures manuals: <http://hr.sc.edu/policies.html>
- ___ SOM HR website <http://hr.med.sc.edu>
- ___ Supervision and chain of command
- ___ Confidentiality

Payroll and Attendance Information

- | | |
|--|---|
| ___ Established work hours and process to request overtime | ___ Pay (how, when and where) |
| ___ Process for requesting time off | ___ Established lunch period and breaks |
| ___ Sick leave and the process for calling in when sick | ___ VIP |
| ___ Mandatory Direct Deposit | ___ Recording of hours worked (ITAMS) |
| ___ Method for handling tardiness and absenteeism | |

Departmental Information

- | | |
|---|---|
| ___ Organization of the department and introduction to staff and faculty | |
| ___ Relationship to other departments and affiliated hospitals or institutions | |
| ___ Overview of the department compliance plan and billing policies and procedures, if applicable | |
| ___ Work place or office | ___ Bulletin boards |
| ___ Parking facilities (decal and any restrictions) | ___ Restrooms |
| ___ Supplies and equipment (use/maintenance of equipment) | ___ Emergency exits |
| ___ Cafeteria or other eating facilities | ___ Department's operating manuals, if applicable |
| ___ Issue of office and/or desk keys | |

Safety, Security, and Accident Reporting

- ___ Departmental safety rules and any potential safety hazards: <http://custodial.med.sc.edu/htm/oht.htm>
- ___ On-the-job injuries (Workers Compensation): <http://hr.sc.edu/workers/quick.html>
- ___ New Employee Preliminary Health Risk Assessment Survey
- ___ Hazardous/blood borne pathogens or other training requirements, if any, and how to register for classes
- ___ Fire Drills

Supervisor's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____