**New Employee Checklist**

|  |  |
| --- | --- |
| **First Things First** | **Initial** |
| * WELCOME YOUR EMPLOYEE WITH A SMILE AND A HANDSHAKE
 |  |
| * Location of break room/kitchen/washrooms/parking areas
 |  |
| * Location of emergency exits
 |  |
| * Introduce the business (provide a brief history of the business and your background)
 |  |
| * Outline their job responsibilities
 |  |

|  |  |
| --- | --- |
| **Policies & Procedures** | **Initial** |
| * Hours of work/posting & preparation of work schedule/break/lunch schedule
 |  |
| * Payroll procedure/schedule
 |  |
| * Time clock procedure
 |  |
| * Attendance & punctuality
 |  |
| * Name and number of contact person if late or absent
 |  |
| * Vacation/day off/ sick leave policy
 |  |
| * Overtime pay policy
 |  |
| * Personal phone calls/emails/texts/social media & internet use policy/smoking policy
 |  |
| * Dress code policy
 |  |
| * Health & Safety/Privacy/Conflict of Interest/Code of Conduct policies, WHMIS
 |  |

|  |  |
| --- | --- |
| **Administrative** | **Initial** |
| * Provide an emergency contact list/name and number of their immediate supervisor
 |  |
| * TD 1 Forms for payroll
 |  |
| * Get their direct deposit/payroll information
 |  |
| * Benefit package booklet
 |  |
| * Reporting of workplace injuries – WS&IB
 |  |
| * Ensure Worker Health & Safety Awareness training has been completed (OHSA regulation effective July 1, 2014)
 |  |
| * Provide keys/access codes/cell phone/computer/email address/phone number
 |  |
| * Procedure for remitting expense reports
 |  |
| * Location and procedures for obtaining office supplies
 |  |
| * Ask if they have any life threatening allergies and what to do if they have a reaction
 |  |
| * Ask who you should contact in case of emergency
 |  |

|  |  |
| --- | --- |
| **Introductions & Tour** | **Initial** |
| * Provide a tour and introduce them to everybody along the way.
 |  |
| * End the tour and introductions with the person who is assigned to train them
 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature/Confirmation Date