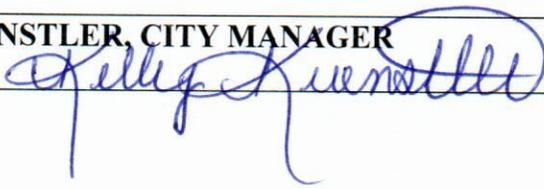




SECTION: HUMAN RESOURCES	REFERENCE NUMBER: A7
SUBJECT: IN-PROCESSING AND NEW EMPLOYEE ORIENTATION	EFFECTIVE DATE: 09/01/2018
FROM: KELLY KUENSTLER, CITY MANAGER 	LAST REVISION DATE: 08/16/2008

A. **PURPOSE**

To gather and document pertinent information.

To ensure that new employees receive the basic information they need to perform their jobs satisfactorily and to comply with City rules and policies.

B. **RESPONSIBILITIES**

1. The Human Resources Director will prepare orientation packets and conduct periodic orientations dealing with general City policies and benefits for newly hired employees.
2. Each Department Head will ensure that new employees assigned under their supervision are briefed about specific job duties and departmental procedures.

C. **PRODEDURES**

1. The Human Resources Director orientation will cover the items contained in **(Attachment A)** – “City Employee Orientation Checklist”. If necessary, the orientation will be presented in Spanish or other appropriate language. Each employee participating in this program will be asked to sign a form documenting the orientation. The form will be placed in the employee’s permanent personnel file.
2. The Department Head or their designated representative, will brief each new employee on the specific duties of their job. This briefing will take place within the first week after the employee reports to duty.

The Department Head or their designated representative, will also brief the new employee on those items outlined in **(Attachment B)** – “Department Orientation Checklist”. These lists are not inclusive and the Department Head may add items to be covered during the departmental orientation briefing. These forms will be

forwarded to the Human Resource Director for filing in the employee's permanent personnel file.

D. **ATTACHMENTS**

A - City Employee Orientation Checklist

B - Department Orientation Checklist

CITY EMPLOYEE ORIENTATION CHECKLIST
(Human Resources Office)

Employee Name _____ Date _____

During the orientation program, the following subjects have been discussed and forms completed:

- | | |
|---|---|
| <p>1. Welcome on behalf of the City Manager.</p> | <p>_____ ICMA Application and Packet</p> <p>_____ Health and Dental Insurance applications*</p> |
| <p>2. Hiring Process and Programs.</p> <p>_____ Code of Ethics</p> <p>_____ Emergency Contact List*</p> <p>_____ Public Access Authorization/Denial *</p> <p>_____ I-9 form</p> <p>_____ W-4 for Current Year*</p> <p>_____ Texas New Hire Form*</p> <p>_____ Salary Scale</p> <p>_____ Direct Deposit Form*</p> <p>_____ TMRS Application* and Booklet</p> <p>_____ Setup email</p> | <p>_____ Group Life Insurance Application*</p> <p>_____ Payroll Authorization Form*</p> <p>_____ Cafeteria Plan & Election Benefit Form*</p> <p>_____ Voluntary Term Life Insurance Application*</p> <p>_____ Long-Term Disability Insurance Application*</p> <p>_____ COBRA and HIPAA Notices</p> <p>_____ Employee Assistance Program</p> <p>_____ Personal Action Request (PAR) Forms</p> <p>_____ Drug Free Workplace Memo*</p> <p>_____ DH Only Finance Training</p> |
| <p>3. City Policies/Procedures</p> <p>_____ Employer Equal Opportunity Policy - PM</p> <p>_____ Sexual Harassment policy - PD A5</p> <p>_____ Employment at Will Doctrine - PM</p> <p>_____ Substance Abuse Policy - PD A10, PM</p> <p>_____ Smoking Policy - PM</p> <p>_____ Accident Reporting - PD B6 & B7</p> <p>_____ Safety Policies - PD.B2, B3, B4, & B8</p> <p>_____ Driver Evaluation program PD B5*</p> <p>_____ Dress code - PD A3</p> <p>_____ Handgun Policy - PD A15</p> | <p>_____ TWCC Worker Compensation Coverage Notification</p> <p>_____ Compensatory/Overtime Time Policy – A2*</p> <p>_____ Holiday Leave Policy - Memo</p> <p>_____ FMLA Policy - memo & PD A13</p> <p>_____ TWCC Notice Regarding Communicable Disease Exposure*</p> <p>_____ Performance evaluation Program</p> <p>_____ Disciplinary procedures</p> <p>_____ Grievance procedures</p> <p>_____ Other Personnel Manual</p> |

* = **Item required new employees' signature.**

I understand that the purpose of these documents is to clearly and concisely set policies, procedures, and practices of the City of Leon Valley. All City employees are subject to the guidelines set forth in the manuals and procedure directives and are expected to be familiar with those sections which relate to them. If I do not understand any part of these manuals and procedure directives, it is my responsibility to seek clarification of the part(s) in question with my supervisor.

In the event of a conflict between the operating policies and procedures of the City and departmental rules, the City's policies and procedures will take precedence. The provisions of these policies are severable, and if any provision or part of a provision is held invalid, illegal, or unenforceable, this will not affect the validity of the remaining provisions or parts of provisions, which shall remain in force and effect. In cases where Federal or State laws or regulations supersede local policy for specific groups of employees, such laws or regulations will substitute for these personnel policies only insofar as necessary for compliance.

I also understand that the contents of the manuals and procedure directives were current when published and from time to time changes may become necessary. The City of Leon Valley reserves the right to change or terminate the policies, procedures and benefits described in these manuals and modify procedure directives without notice at any time.

I understand that these manuals and procedure directives do not, in any way, alter the at-will employment relationship. They are not intended to and do not constitute an employment agreement, a contract, or a guarantee of continued employment.

I further understand that the City reserves the right to administer these policies, substantially in whole and with the exception of matters reserved to the City Council, by statute or ordinance, final authority on appointments and personnel decisions are reserved to the City Manager.

PRINT FULL NAME _____ EMPLOYEE SIGNATURE _____

DEPARTMENT _____

Date _____

DEPARTMENT ORIENTATION CHECKLIST

EMPLOYEE'S NAME: _____ EMPLOYEE ID NO.: _____

SUPERVISOR'S NAME: _____ DATE OF HIRE: _____

This form will certify that on this date _____; the following items were discussed:

(Please have the new employee initial each box or write N/A if not applicable for each item below).

- ___ 1. Words of welcome and review of overall departmental organization and its relationship to other City activities.
- ___ 2. Name(s) of supervisor(s) in the chain of command through which employee will report (Employee is given copy of departmental chain of command).
- ___ 3. Employee's individual contribution to objectives of the department and their starting assignment, in broad terms.
- ___ 4. Employee's job description and performance standards (Employee is given copy of job description).
- ___ 5. Evaluation procedures and importance of introductory period (Employee is informed that performance will be evaluated at 6 months, and annually thereafter from date of hire).
- ___ 6. Promotional opportunities and available training.
- ___ 7. Working conditions.:
- a. Hours of work and work period assignment
 - b. Lunch and break periods
 - c. Absenteeism, tardiness and supervisor notification policy
 - d. Payday and time sheet procedures
 - e. Overtime policies & requirements
 - f. Availability of grievance forms
 - g. Location of bulletin boards for employee bulletins and notices
 - h. Appearance/dress code or uniform policy
 - I. Vacation/leave procedures/policies
 - k. Mileage reimbursement
 - l. Departmental Open Door Policy
 - m. Other _____

Health and Safety Orientation:

- ___ 8. Review hazardous conditions specific to job (chemicals; discuss routes of entry and effects of overexposure, extreme heat, machinery, etc).
- ___ 9. Review safety devices designed into operation (guards, exhaust, ventilation, hoists, lifts, etc).
- ___ 10. Review administrative controls (limited exposure time, rotating jobs, distance from operation, etc).
- ___ 11. Review applicable safe work procedures (proper lifting technique, two-man jobs, etc).
- ___ 12. Distribute and review use of personal protective equipment required (i.e. ear plugs, safety glasses, hard hat, safety vest, back belts, etc) and explain why equipment is needed.
- ___ 13. Review written Hazard Communication program and MSDS of chemicals presenting a potential for exposure to all new employees. Identify location and uses of MSDS book in your department
- ___ 14. Review Safe Operating Procedures (SOPs) for equipment employee will be expected to use.

- ___ 15. Identify first-aid stations and services/equipment available.
- ___ 16. Inform employee of supervisor(s) to contact in case of emergency.
- ___ 17. Obtain information on who to contact for the employee in case of an emergency.

Fire Safety Orientation:

- ___ 18. Review evacuation procedure in case of fire or disaster. (Walk employee through primary and secondary emergency exit routes from their work area).
- ___ 19. Identify all fire extinguishers, type of fire to be used on, and review fire extinguisher operation.
- ___ 20. Identify all area fire alarm pull boxes.

Accident Reporting:

- ___ 21. Review accident/incident reporting procedure. (Encourage employee to bring to your attention any unsafe conditions or unsafe work practices. **Remember:** Employee input is essential to accident prevention.
- ___ 22. Review rights and internal assistance available with regard to workers' compensation.

Other Safety Issues Specific to Assigned Position:

- ___ 23. Other _____

Employee and Supervisor agree that this briefing has been carried out completely. Employee further agrees that they have received a copy of their job description.

 Supervisor's Signature Date

 Employee's Signature Date

This form must be completed and signed before employee is allowed to start work. The supervisor retains a copy and the original is sent to Human Resources Office for maintenance in the employee's personnel file.