



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION ORIENTATION CHECK SHEET

EMPLOYEE NAME _____ SOCIAL SECURITY NO. _____ DATE EMPLOYED _____ AGENCY _____

- COVERED SALARY
 NON-COVERED SALARY
 HOURLY

JOB TITLE _____ ORGANIZATION _____

ITALICIZED, ALL-CAPITALS ITEMS APPLY TO PERMANENT EMPLOYEES ONLY

PERSONNEL COMPLETES:

SUPERVISOR COMPLETES:

SCHEDULE/PAY/LEAVE POLICIES

- Pay Policies
- PAID LEAVE (ANNUAL, SICK, IMMEDIATE FAMILY, MILITARY, WITNESS/JURY SERVICE)
- HOLIDAYS
- INCREMENTAL PAY
- LEAVE OF ABSENCE (PERSONAL, MEDICAL, MILITARY, PARENTAL, FMLA)
- LEAVE DONATION PROGRAM
- UNAUTHORIZED LEAVE

OTHER

- Americans with Disabilities Act
- Citizens Assistance
- Computer Usage (Information Technology and Social Media)
- Conflict of Interest
- Discipline/Discharge Policy (Includes the Standards of Work Performance and Conduct)
- Discrimination Complaints
- Driver's License/CDL (if Applicable)
- EEO
- Employee Ethics
- Employee Suggestion Program
- Equipment Accountability
- Gratuities
- GRIEVANCES
- Immigration Law
- JOB ADVERTISEMENT
- Secondary Employment
- Political Activities
- Prohibited Workplace Harassment
- Smoking Policy
- Substance Abuse
- Vehicle Use
- Workplace Security

EMPLOYEE BENEFITS

- INSURANCE
- FLEXIBLE BENEFITS
- RETIREMENT
- CREDIT UNION
- IRA, ANNUITIES, DEFERRED COMPENSATION

The items checked on this check sheet have been explained to me by personnel contact.

Employee's Signature _____

Date _____

HR Division or Organization

Signature: _____

Date _____

SCHEDULE/PAY/LEAVE POLICIES

- Work Schedule and Overtime
- Pay Policies
- PAID LEAVE (ANNUAL, SICK, AND IMMEDIATE FAMILY SICK, MILITARY, WITNESS/JURY SERVICE)
- Permanent or Temporary

OTHER

- Attendance/Tardiness/Sign-in
- Appropriate Dress
- Channel of Communication
- Computer Usage (Information Technology and Social Media)
- GRIEVANCES
- Parking
- Personal Property
- PROBATIONARY PERIOD
- Telephone Usage
- Tour of Facilities

SPECIFIC JOB POLICIES

- Equipment/Mechanics Tool Policy
- Job Training

SAFETY

- Fire Alarm and Evacuation Procedure
- Safety Rules Applicable to Job
- Worker's Compensation

The items checked on this check sheet have been explained to me by my supervisor.

Employee's Signature _____

Date _____

Supervisor Signature: _____

Date _____