

District Service Center  
 333 Skyway Drive, Camarillo, CA 93010  
 (805) 384-8300

## NEW EMPLOYEE CHECKLIST

### Community Colleges of Ventura County

Date Received by Employee: \_\_\_\_\_

*Please Print*

EMPLOYEE NAME (Last, First, MI)		CAMPUS OR LOCATION	
HOME ADDRESS		DAYTIME PHONE	HOME PHONE
SUPERVISOR			SUPV PHONE
POSITION	DEPARTMENT	DATE OF HIRE	

Welcome to the Community Colleges of Ventura County. During the first few weeks of your employment, your supervisor will be sharing with you some important basic information regarding our district, your department and your specific job. Together with you, your supervisor will complete this form within the first month of your employment and send it to the District Human Resource Department. Should you or your supervisor wish to make a copy for your personal records, please feel free to do so. If an item is "Not Applicable" please leave the box unchecked and write *N/A* in the initial column.

**THE SUPERVISOR MUST SUBMIT THIS COMPLETED FORM (INCLUDING SIGNATURES) TO THE DISTRICT HUMAN RESOURCES DEPARTMENT WITHIN 30 WORKING DAYS OF EMPLOYMENT.**

**Employee:** *Please check the appropriate box, initial and date each item after it has been explained or discussed with you.*

TOPIC FOR DISCUSSION	INITIALS	DATE		
<b>1. New employee orientation packet reviewed. Human Resource Department information packet received and forms signed.</b>				
<b>2. Work Environment Overview</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>District Orientation</u>  <input type="checkbox"/> Hours of Work  <input type="checkbox"/> Sick Leave Notification  <input type="checkbox"/> Vacation Approval  <input type="checkbox"/> Holidays  <input type="checkbox"/> Health &amp; Welfare Benefits  <input type="checkbox"/> COBRA  <input type="checkbox"/> Insurance Programs                             </td> <td style="width: 50%; vertical-align: top;"> <u>Worksite Orientation</u>  <input type="checkbox"/> Attendance Expectation  <input type="checkbox"/> Punctuality Expectation  <input type="checkbox"/> Lunch Hour and Breaks  <input type="checkbox"/> Professionalism &amp; Civility  <input type="checkbox"/> Workplace Relations &amp; Cooperation  <input type="checkbox"/> Confidentiality Expectation  <input type="checkbox"/> Care of Tools &amp; Equipment  <input type="checkbox"/> Workplace Housekeeping                             </td> </tr> </table>	<u>District Orientation</u> <input type="checkbox"/> Hours of Work <input type="checkbox"/> Sick Leave Notification <input type="checkbox"/> Vacation Approval <input type="checkbox"/> Holidays <input type="checkbox"/> Health & Welfare Benefits <input type="checkbox"/> COBRA <input type="checkbox"/> Insurance Programs	<u>Worksite Orientation</u> <input type="checkbox"/> Attendance Expectation <input type="checkbox"/> Punctuality Expectation <input type="checkbox"/> Lunch Hour and Breaks <input type="checkbox"/> Professionalism & Civility <input type="checkbox"/> Workplace Relations & Cooperation <input type="checkbox"/> Confidentiality Expectation <input type="checkbox"/> Care of Tools & Equipment <input type="checkbox"/> Workplace Housekeeping		
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TOPIC FOR DISCUSSION	INITIALS	DATE
<p><b>3. CCVC Policies, Procedures and Agreements</b></p> <p><u>District Orientation</u></p> <input type="checkbox"/> Workplace Violence <input type="checkbox"/> Drug Free Workplace <input type="checkbox"/> Smoking Policy <input type="checkbox"/> AIDS/Hep B Policy <input type="checkbox"/> Ethics/Conflict of Interest <input type="checkbox"/> Sexual Harassment Policy <input type="checkbox"/> Union Agreement <input type="checkbox"/> Mandatory Discrimination Response <p><u>Worksite Orientation</u></p> <input type="checkbox"/> Telephone etiquette & use <input type="checkbox"/> Parking on Campus <input type="checkbox"/> Purchasing supplies <input type="checkbox"/> Travel approval & forms <input type="checkbox"/> Use of private & college vehicles <input type="checkbox"/> Training & Professional Development <input type="checkbox"/> Use of District Property, computers <input type="checkbox"/> Use of Internet, etc <input type="checkbox"/> Mandated Reporter		
<p><b>4. Employee's Job</b></p> <p><u>Worksite Orientation</u></p> <input type="checkbox"/> Assignment; performance of duties (where, when, how) <input type="checkbox"/> Job performance and expectations <input type="checkbox"/> Performance appraisal (how & when) <input type="checkbox"/> Job Description (if applicable) <input type="checkbox"/> Introduction to department heads, supervisors, co-workers		
<p><b>5. Overview of Environmental Health &amp; Safety</b></p> <p><u>Worksite Orientation</u></p> <input type="checkbox"/> Department commitment to a safe & secure place to work Ergonomic workstation setup <input type="checkbox"/> Location and use of emergency exits, supplies & first aid kit <input type="checkbox"/> Emergency: preparedness, response procedures, bomb threat <input type="checkbox"/> Safety Program: safety policies, safety committee, safe procedures and work habits <input type="checkbox"/> Material Safety Data Sheets and safety information available <input type="checkbox"/> Rolling Blackout procedures, leaving work during emergencies		
<p><b>6. Explanation of What To Do in an Emergency</b></p> <p><u>Worksite Orientation</u></p> <input type="checkbox"/> Types of emergencies that can be expected: Medical, Fire, Chemical, Earthquake, Vehicle, Flood Workplace Violence, Bomb Treat, Terrorism, Power Failure <input type="checkbox"/> Exit locations, evacuation routes, assembly points, head counts <input type="checkbox"/> Location and use of fire alarms, fire extinguishers, and emergency equipment specific to your work area <input type="checkbox"/> How to summon emergency assistance, public telephone locations <input type="checkbox"/> Emergency procedures for your specific work area <input type="checkbox"/> Immediate reporting of all accidents to your supervisor, Risk Management notification, proper forms and data to report <input type="checkbox"/> Contact campus Police as necessary at : _____ How to report: <input type="checkbox"/> Vehicular accidents <input type="checkbox"/> Student or non-employee accident or injury <input type="checkbox"/> Other: _____		
<p><b>7. On the Job Accident or Injury</b></p> <p><u>Worksite Orientation</u></p> <input type="checkbox"/> Understanding your workers' compensation benefits <input type="checkbox"/> Understanding employee injury or incident procedure <input type="checkbox"/> Employee and supervisor responsibilities <input type="checkbox"/> How to get medical treatment, location of medical facilities <input type="checkbox"/> Supervisor's Report of Accident, witnesses, accident investigation <input type="checkbox"/> Role of Human Resources, Payroll & Risk Management		

TOPIC FOR DISCUSSION	INITIALS	DATE
<p><b>8. Potential hazards on the job and in the work area (including on the job review of how to perform your job safely)</b>  <u>Worksite Orientation</u>  <input type="checkbox"/> How to report hazardous situations, conditions or activities  <input type="checkbox"/> Discussion of the physical and health hazards of chemicals used, stored or handled in your work area, i.e., Material Safety Data Sheets  <input type="checkbox"/> Required safe work practices and/or personal protective equipment, including use and care of such equipment, to reduce or prevent injuries  <input type="checkbox"/> If your work assignment involves the operation of machinery, vehicles, tools, contact with hazardous or toxic materials or processes, you should be provided with a systematic and thorough training on each aspect of the job you are required to perform so you may perform your work assignments in a safe manner. Discuss "Right To Know" program.</p>		
<p><b>9. Workplace security and personal safety</b>  <u>Worksite Orientation</u>  <input type="checkbox"/> Lock and key maintenance and lost/stolen key procedures  <input type="checkbox"/> Maintaining security of your assigned office, files, locker, area and equipment  <input type="checkbox"/> Reporting suspicious persons or activities: be alert to your work environment, inter-actions of co-workers with students/vendors, etc., know when and how to provide assistance as appropriate  <input type="checkbox"/> Reporting potential or actual workplace violence situations.  <input type="checkbox"/> Your responsibility for personal property (electronic equipment, purses, wallets, glasses, briefcases, etc.)  <input type="checkbox"/> Your responsibility for the care of District property  <input type="checkbox"/> Meet your Campus Police and understand their security role</p>		
<p><b>10. Other: specific to your department or work assignment (Please list)</b>  <u>Worksite Orientation</u>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>		

*Note: Both the supervisor and employee must sign to verify that these topics were covered in detail and the employee understands the assignment, responsibilities and district/college procedures.*

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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District Office Human Resources Use Only

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_