

## SUPERVISOR'S ORIENTATION CHECKLIST

Employee's Name: \_\_\_\_\_

EOD: \_\_\_\_\_

Position Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Conducted by Immediate Supervisor**

|                                     |                                                                                                                                                                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>FIRST DAY</b>                                                                                                                                                  |
|                                     | 1. Introduce employee to co-workers and key people in Unit/Department.                                                                                            |
|                                     | 2. Show organization charts and explain what the Unit/Department does relating this to the work of the organization.                                              |
|                                     | 3. Show chain of command charts and explain supervisory relationships and lines of supervision.                                                                   |
|                                     | 4. Review position/job description, work schedule, explain duties and discuss standards of performance in terms of quantity, quality and job attitude.            |
|                                     | 5. Explain general safety habits. Provide a copy of the Emergency Recall Roster.                                                                                  |
|                                     | 6. Discuss office standards (dress code, lunch periods, rest periods, etc)                                                                                        |
|                                     | 7. Discuss office standards for cleanliness – desk, break room, common areas.                                                                                     |
|                                     | 8. Advise how to request leave and whom to call for emergency annual leave or in reporting sick leave. Explain policies on vacation and granting on annual leave. |
|                                     | 9. Explain where supplies are located and how they can be obtained.                                                                                               |
|                                     | 10. Sign for keys, equipment, security badges, if applicable.                                                                                                     |
|                                     | 11. Government Travel Charge Card (GTCC) is/is not requirement.                                                                                                   |
|                                     | 12. Contact unit ISC for Marine Corps Network Access.                                                                                                             |
| <input checked="" type="checkbox"/> | <b>FIRST 30 DAYS</b>                                                                                                                                              |
|                                     | 1. DoD Performance Management Appraisal Program (DPMAP):<br>Employee must have a written performance plan established and approved.                               |
|                                     | 2. Establish Individual Development Plan (IDP) in the Total Workforce Management System (TWMS).                                                                   |
|                                     | 3. Discuss Probationary or Trial period, if applicable.                                                                                                           |

Employee's Signature & Date: \_\_\_\_\_

Supervisor's Signature & Date: \_\_\_\_\_

**NOTE: PLEASE RETURN THIS CHECKLIST BACK TO CHRO (CAMP FOSTER, BLDG#495, 2F) BY \_\_\_\_\_, SIGNED AND COMPLETED.**