

New Employee Orientation (NEO) Checklist

Employee: _____

Hire Date: _____

Supervisor: _____

Day One- TRAINING DATE: _____	Trainer Signature
Human Resources Orientation	
PROBATIONARY PERIOD (3.4)	
OFFICE HOURS (3.5)	
LUNCH PERIODS (3.6)	
CORRECTIVE ACTIONS (3.11)	
BUILDING SECURITY (3.18)	
INSURANCE ON PERSONAL EFFECTS (3.19)	
EXPENSE REIMBURSEMENT (3.21)	
STANDARDS OF CONDUCT (4.0)	
ATTENDANCE/PUNCTUALITY (4.1)	
HARASSMENT, INCLUDING SEXUAL HARASSMENT (4.3)	
DRESS CODE (4.4)	
USE OF ELECTRONIC EQUIPMENT (4.6)	
DRUG & ALCOHOL POLICY (4.7)	
EMPLOYEE GRIEVANCE PROCEDURE (7.4)	
TIME REPORTING (5.2)	
PAYDAYS (5.4)	
INSURANCE (6.1)	
VACATION (6.4)	
PERSONAL DAYS (6.5)	
HOLIDAYS (6.7)	
LEAVE AUTHORIZATIONS & LIMITS (6.8 – 6.12)	
Direct Supervisor Orientation	
JOB/POSITION DESCRIPTION & RESPONSIBILITIES	
WORK SCHEDULE	
PRODUCTIVITY	
SUPERVISION	
PERFORMANCE EVALUATION	
PASSWORDS	
SPECIFIC POSITION TRAINING LIST	
DEPARTMENT PROCEDURES OVERVIEW	
EMPLOYEE RECOGNITION PROGRAM	
Compliance Department	
CORPORATE COMPLIANCE PROGRAM	
CODE OF ETHICAL CONDUCT	
HIPAA PRACTICE ACT	
CLIENT RIGHTS	
CLIENT CONFIDENTIALITY	
CLIENT GRIEVANCE PROCEDURE	
CRITICAL INCIDENTS/REPORTING REQUIREMENTS	
CETPA Department Coordinators Introduction & Tour	
PREVENTION DEPARTMENT	
CLUBHOUSE	
CLINICAL DEPARTMENT	

New Employee Orientation (NEO)

Employee: _____

Hire Date: _____

Supervisor: _____

Day Two- TRAINING DATE: _____		Trainer Signature
Health & Safety		
	EMERGENCY PROCEDURES	
	UNIVERSAL INFECTION CONTROL	
	FIRST AID KIT/CPR	
	WORKPLACE VIOLENCE	
Office Procedures		
FRONT DESK		
	TELEPHONE PROCEDURES	
	SCHEDULING APPOINTMENTS	
	RECEIVING CLIENTS	
	COPIER	
	FAX MACHINE	
	RESTROOMS	
	KITCHEN	
	TELEPHONE PRACTICE	
INTAKE		
	SCREENING/DEMOGRAPHICS CALL	
	ADMISSIONS PROCESS	
	FUNDING SOURCES	
	CLIENT RECORDS	
	INTAKE PRACTICE	