

**St. Clair County Community Mental Health  
Employee Orientation Worksheet  
Professional/Supervisor/Officer**

NAME: \_\_\_\_\_ TO BE COMPLETED BY: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ DATE OF HIRE/TRANSFER: \_\_\_\_\_

JOB CLASS: \_\_\_\_\_ ASSIGNED TO BUDDY (Same Discipline): \_\_\_\_\_

Assignment	Required By:	Assigned	Completion Date	Verified (Initials)
How and when to complete time sheets: <ul style="list-style-type: none"> <li>• Review the Personnel; work schedules; leave time; overtime; timecards Policy 06-001-0075</li> <li>• Absenteeism notification</li> </ul>	All	<input type="checkbox"/>		
How and where to get supplies	All	<input type="checkbox"/>		
How lunch hours and breaks are taken	All	<input type="checkbox"/>		
Mileage explained – Review the Travel and Business Reimbursement Policy 07-003-0020: <ul style="list-style-type: none"> <li>• Copy of mileage chart provided</li> </ul>	All	<input type="checkbox"/>		
Understands Agency Service Criteria	All	<input type="checkbox"/>		
In depth description of program function	All	<input type="checkbox"/>		
Overview of how this program relates to other programs	All	<input type="checkbox"/>		
Thorough explanation of prioritized Functional Job Task List	All	<input type="checkbox"/>		
Review the Corrective/Disciplinary Action Policy 06-001-0055	All	<input type="checkbox"/>		
Safety Orientation <ul style="list-style-type: none"> <li>• Orient to building emergency drills/procedures, ie, fire alarm</li> <li>• Know locations of fire extinguishers</li> <li>• Review emergency exit diagram</li> <li>• Know location of first aid kit and personal protective equipment</li> <li>• Review the Employee Medical Situations Policy 09-003-0030</li> <li>• Knowledge of process of reporting safety concerns</li> <li>• Review the Emergency Procedures Handbook</li> <li>• Review the Building Health and Safety Policy 09-001-0005</li> </ul>	All	<input type="checkbox"/>		
Review the Critical Incident Stress Management Plan Policy 06-001-0125	All	<input type="checkbox"/>		
Review the Recipient Rights Policy 05-001-0005	All	<input type="checkbox"/>		
Review the Release of Case Record Information Policy 03-002-0030	All	<input type="checkbox"/>		
Review the Harassment in Workplace Policy 06-001-0105	All	<input type="checkbox"/>		

