

TOWN OF DAVIE EMPLOYEE CHECKLIST (Transfer, Promotion, Demotion)

| Department/Division | Name: |
|--|--|
| Position Title | Hire Date: |
| | is to be conducted by the employee's immediate supervisor or designee. This the Human Resources Department within two (2) weeks of new |
| ☐ Emailed Human Resources to request | IT specific access. |
| Scheduled to receive Procurement Procurement | cess Training, applicable to employees with purchasing responsibilities only |
| (to be scheduled with the Procurement Ma | anager). Date and time of training: |
| Scheduled to receive a new ID Badge | with the Human Resources Department. |
| | ner Town property/equipment, if applicable. List all Town property/equipment red |
| Given a tour of the department elevators, break room, and other facilities, | t and building (to include bulletin boards, parking, bathrooms, office if applicable). |
| ☐ Signed the Class Specification (ensure | s the employee understands their specific duties and responsibilities). |
| Explained the location of employee's v | workplace as well as use and care of tools and equipment. |
| ☐ Introduced to employees within the de | partment and given a full explanation of the work of the department in relation to |
| other departments, the employee's specific | c position in the unit and the working relationship with other employees. |
| Explained safe work habits and reporti | ng of work-related injuries and/or illnesses. |
| Discussed who the employee reports to | o and who they can contact for future job-related assistance. |
| Explained who to contact in case of ill | ness or inability to get to work. |
| ☐ Given department rules and policies, if | f applicable. |
| Explained driver's responsibilities if in | nvolved in a vehicle accident, if applicable. |
| Discussed the employee's work hours, | lunch break and any other related schedule information. |
| ☐ Discussed the evaluation process to be | completed at 3, 6, 9 and 12 months during their probationary period. |
| | e a probationary period of one year, unless otherwise extended. A probationary period to become a regular status Town employee. |
| Please sign below to acknowledge you have the applicable information indicated above | ve read and understood the statements on this form and that you have received e. |
| Employee Signature: | Date: |
| Print Supervisor's Name: | Date: |