Title: New Employee Orientation

Application: Applies to Division of Developmental Disabilities Regional Offices.

Purpose: Establishes employee orientation requirements.

Definitions:

Orientation: The introductory process for new employees to the mission, organization, and procedures of the Department, Division, Regional Office and the work unit where each employee is assigned.

PROCEDURE

The Regional Office shall provide orientation for new employees as follows:

- Within the first week of employment, new employee will review State and Regional Office policies and regulations. The employee will be given time to review the material and ask questions.

- Staff will show the employees where Department Operating Regulations and Administrative manuals are located and how to access them online. Copies of policies and regulations will be made available to the employee if requested.

- New Employees will review the following policies and regulations:
  - Alcohol and Drug-Free Workplace
  - Employee General Rights
  - Assignment and Control of Agency Vehicles
  - Travel Authorization and Expense
  - Prohibition of Sexual and other Harassment
  - Worker’s Compensation
  - Smoking Regulations
  - Abuse and Neglect Definitions, Investigation Procedures and Penalties
  - Conflict of Interest/Conflicting Employment
  - Personnel Policies and Procedures
  - Employee Dress Code
  - Infection Control
  - Process for Handling Employee Complaints/Grievances
  - Sick and Care Leave Policy
  - HR SAM II Time and Leave Guidelines
  - Holiday Credit
  - Absenteeism and Tardiness
- Military Leave
- Family Medical Leave Act (FMLA)
- Equal Employment Opportunity
- Workshop/Seminar Attendance
- Confidentiality of Consumer Records – HIPPA
- Use of Cellular/Wireless Phones
- Reporting Vehicular Accidents
- Disciplinary Actions
- Policy on Pay Distribution and Adjustment
- Temporary Modified Duty
- IT (Missouri Employee Learning System (MELS), Outlook Calendar, Outlook E-mail, SharePoint, etc.)
- Fire-Safety Training
- Organization and Staffing
- Personnel Policies and Procedures
- Agency Advocacy
- Employee Misconduct Definitions and Procedures: State Operated Facilities

- New Employees will be given copies of information on the following
  - Department Employee Handbook
  - Performance and Appraisal
  - Department and Facility Mission Statement
  - Organizational Chart
  - Applicable Union Statements
  - Employee Assistance Program
  - Charitable Campaign
  - State Legal Expense Fund
  - Employee Benefits
  - Credit Union
  - Deferred Compensation
  - Savings Bonds
  - Cafeteria Plan
  - Missouri State Employees Self-Service Portal (ESS)

- New Employees will sign an Orientation Checklist after their orientation to insure all of the information was covered. A copy of this signed checklist will be placed in the employee’s personnel file.

- The new employee’s supervisor shall conduct on-the-job training as necessary to orient the employee to their assignments and specific area rules.

- Supervisors will provide transferred, promoted, or re-assigned employees with orientation as appropriate according to their new assignments. The Regional Director may require employees transferring from other department facilities to attend formal orientation for new employees.

- The Regional Director shall have the orientation process evaluated at least annually.

- New Employee orientation described above will be entered into the Missouri Employee Learning System (MELS) for tracking purposes.
ORIENTATION CHECKLIST

<table>
<thead>
<tr>
<th>NAME_________________________</th>
<th>FACILITY_________________________</th>
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<tbody>
<tr>
<td>JOB TITLE______________________</td>
<td>DATE BEGAN WORK__________________</td>
</tr>
<tr>
<td>SUPERVISOR____________________</td>
<td>SOCIAL SEC. #____________________</td>
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On ______ I was given time to read an orientation packet containing the following Department of Mental Health (DMH) policies and regulations. I have been given the opportunity to obtain copies of any of these policies upon my request and cleared any questions regarding the same with the Personnel Office. I have been advised of the location of Department Operating Regulations and Administrative Manuals.

- Assignment and Monitoring of State Vehicle Usage
- Equal Employment Opportunity
- IT In-Service Training (Missouri Employee Learning System (MELS), Outlook Calendar, Outlook Email, Share Point, etc.)
- Worker’s Compensation
- Organization and Staffing
- Smoking Regulations
- Workshop/Seminar Attendance
- Personnel Policies and Procedures
- HR SAM II Time and Leave Guidelines
- Confidentiality of Consumer Records – HIPPA
- Agency Advocacy
- Employee Dress Code
- Use of Cellular/Wireless Phones
- Travel Authorization and Expenses
- Reporting Vehicular Accidents
- Abuse and Neglect Definitions, Investigation Procedures and Penalties
- Employee Misconduct definitions and Procedures: State Operated Facilities
- Employee General Rights
- Prohibition of Sexual and Other Harassment
- Disciplinary Actions
- Handling Employee Complaints/Grievances
- Policy of Pay Distribution and Adjustment
- Sick and Care Leave Policy
- Family Medical Leave Act (FMLA)
- Temporary Modified Duty
- Holiday Credit
- Procedure for Use of Military Leave
- Alcohol and Drug-Free Workplace
- Conflict of Interest/Conflicting Employment
- Infection Control
Absenteeism and Tardiness

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I have been given copies of the following:

- Department Employee Handbook
- Performance and Appraisal
- Department and Facility Mission Statement
- Organizational Chart
- Applicable Union Statements
- Employee Assistance Program
- Charitable Campaign
- State Legal Expense Fund
- Employee Benefits
- Credit Union
- Deferred Compensation
- Savings Bonds
- Cafeteria Plan

I understand agency policy and take full responsibility for keys assigned to me and will report them immediately if lost and turn them in upon termination.

I hereby agree that any state property entrusted in my care will be treated properly and will not be abused; all state property entrusted to me will be turned in upon termination. I also agree to make restitution for any property damaged by abuse or lost while it is entrusted in my care. I understand that my check may be held until such restitution is made.

Signature_________________________________________ Date__________________

Person Conducting Orientation_________________________ Date__________________