

ORIENTATION CHECK LIST

Employee's Name/Title	Date
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Supervisor: Discuss and explain the following checklist to each new employee (check off each point as you explain to the employee). Provide copies to the employee of AFC Policy Statements and forms listed below.

- _____ Purpose, function, and organization of the AFC
- _____ Relationship to other departments, state and federal agencies
- _____ Describe the job, outline duties
- _____ As applicable, explain emergency response requirements
- _____ As applicable explain conditions of employment, i.e. residency, physical fitness standards
- _____ Work performance, quality and quantity expected
- _____ Work hours
- _____ Lunch period
- _____ Rest period (breaks)
- _____ Tardiness, absences
- _____ Wages
- _____ Group medical insurance
- _____ Group life insurance
- _____ Retirement plan
- _____ Vacation/Sick leave policy
- _____ Standards of Conduct and Disciplinary Policy
- _____ Grievance and Discrimination Complaint Policy
- _____ Equal Employment Policy
- _____ Other Employment Policy
- _____ Other AFC policies

The employee has received copies of Policy Statements, **§ 5, 10, 20, 30, 40, 50, 70, 75, 95, 105, 110, 150, 170, 185, 190 and a copy of the signed forms A35.302, A35.303, and A35.307 and Governor's Executive Order 98-04 Disclosure information on Form A35.F**

Employee: The AFC expects that all employees conform to AFC policies and procedures. Employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the AFC or the employee. No representative of the AFC has authority to enter any agreement for employment for any specified period, or make any agreement contrary to AFC Policy §5, subsection 2.2. The AFC is an "employment at will" employer.

Employee signature	Supervisor signature
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