

## WORKSITE – TRANSFER/REASSIGNMENT ORIENTATION

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

### TO BE COMPLETED BY THE SITE SUPERVISOR (or Designee) AND THE EMPLOYEE

The above employee has been given a walk thru of the center and shown the location of the following:

	Date
Where to store personal belongings	_____
Employee parking area	_____
Smoking/Tobacco Policy	_____
Posted health & safety documents, Policy & Procedure manuals, Disaster & Emergency Plan, Accident Reporting Notebook. MSDS	_____
Destination log, timesheets, etc.	_____
Child medications, medication log, medication lock box	_____
Worksite tools and equipment	_____
Hazardous chemical storage/labeling/use	_____
First aid kits, spill kits, vomit kits and red fanny or back packs	_____
Office, classroom and housekeeping supplies, ladders, tools, step stools, etc.	_____

Reviewed the following with employee:

	Date
Work schedule	_____
Who to contact if you cannot work and how to contact that person	_____
Facility keys/alarm system	_____
Introduction to facility staff and explanation of their roles	_____
Introduction to children (review of special needs, IFSP's, guidance plans, child files)	_____
Components of classroom activities/curriculum/environment	_____

I have reviewed with my supervisor and I understand the above.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (or designee) signature

\_\_\_\_\_  
Date

Return completed form to Human Resources within 10 working days of the employee's center transfer/reassignment.