

Temporary Employee Department Checklist Return to the Office of Human Resources

PALM BEACH STATE
COLLEGE

Name: _____ Date: _____
Department: _____ Phone: _____ Campus: _____
Supervisor: _____

Please review all checklist tasks and return this form completed within 2 days from the temporary/OPS employee's hire date.

	Employee Initials	Supervisor Initials
1. Department Information	_____	_____
<input type="checkbox"/> Evacuation Procedures		
<input type="checkbox"/> Hours of Operation		
<input type="checkbox"/> Schedule		
<input type="checkbox"/> Professional dress		
<input type="checkbox"/> Lunch hour and Break policy		
2. Job Description	_____	_____
<input type="checkbox"/> Return signed copy to Human Resources		
Professional Development		
3. <input type="checkbox"/> FERPA	_____	_____
<input type="checkbox"/> Workplace Harassment		
4. Policies & Procedures	_____	_____
<input type="checkbox"/> ADA Request Procedures		
<input type="checkbox"/> District Board of Trustees Policies		
<input type="checkbox"/> Salary Schedule		