

**CIVILIAN EMPLOYEE CHECK-IN
SUPERVISOR CHECKLIST**

NAME: _____
SSN: _____
POSITION TITLE: _____

CHECK-IN DATE: _____
ORG CODE: _____
GRADE/SERIES: _____

<u>TOPIC COVERED</u>	<u>CHECK</u>
- Introduction to Section Head	_____
- Introduction to fellow employees	_____
- Review of previous work experience	_____
- Tell employee to whom s/he reports and who reports to him/her.	_____
- Explain mission, organization, and place in organization	_____
- Outline responsibilities and explain standards of work	_____
- Location of working area	_____
- Location of supplies/materials	_____
- Smoking policy	_____
- Time and Attendance procedures	_____
- Working Hours	_____
- Overtime/Comp Time	_____
- Reporting of absence in case of illness or emergency	_____
- How to apply for annual/sick/family friendly leave	_____
- Accident Reporting	_____
- Reporting Unsafe conditions	_____
- Fire Prevention/Fire Reporting	_____
- Job Hazards/Hazardous Material	_____
- Safe Work Practices	_____
- Discuss Federal Bureau of Prisons presence and applicable employee behavior.	_____
- Provide copy of NETPDTCINST 1610.2, "Conduct with Federal Prison Camp Inmates"	_____

Employees' Signature/Date

Immediate Supervisor's Signature/Date

Privacy Act Statement: This information concerns personal data which shall be safeguarded pursuant to the Privacy Act of 1974. This information will only be released to authorized personnel with a need to know For Official Use Only. Store in a secure area when not in use. Destroy by burning or shredding when obsolete or no longer needed.