

St. Clair County Community Mental Health Authority
Employee Orientation Worksheet
Professional/Supervisor/Officer

NAME: _____ TO BE COMPLETED BY: _____

PROGRAM: _____ DATE OF HIRE/TRANSFER: _____

JOB CLASS: _____ ASSIGNED TO BUDDY (Same Discipline): _____

Assignment	Required By:	Assigned	Completion Date	Verified (Initials)
How and when to complete time sheets: <ul style="list-style-type: none"> Review the Personnel; work schedules; leave time; overtime; timecards Policy 06-001-0075 Absenteeism notification 	All	<input type="checkbox"/>		
How and where to get supplies	All	<input type="checkbox"/>		
How lunch hours and breaks are taken	All	<input type="checkbox"/>		
Mileage explained – Review the Travel and Business Reimbursement Policy 07-003-0020: <ul style="list-style-type: none"> Copy of mileage chart provided 	All	<input type="checkbox"/>		
Understands Agency Service Criteria	All	<input type="checkbox"/>		
In depth description of program function	All	<input type="checkbox"/>		
Overview of how this program relates to other programs	All	<input type="checkbox"/>		
Thorough explanation of prioritized Functional Job Task List	All	<input type="checkbox"/>		
Review the Corrective/Disciplinary Action Policy 06-001-0055	All	<input type="checkbox"/>		
Safety Orientation <ul style="list-style-type: none"> Orient to building emergency drills/procedures, ie, fire alarm Know locations of fire extinguishers Review emergency exit diagram Know location of first aid kit and personal protective equipment Review the Employee Medical Situations Policy 09-003-0030 Knowledge of process of reporting safety concerns Review the Emergency Procedures Handbook Review the Building Health and Safety Policy 09-001-0005 	All	<input type="checkbox"/>		
Review the Critical Incident Stress Management Plan Policy 06-001-0125	All	<input type="checkbox"/>		
Review the Recipient Rights Policy 05-001-0005	All	<input type="checkbox"/>		
Review the Release of Case Record Information Policy 03-002-0030	All	<input type="checkbox"/>		
Review the Harassment in Workplace Policy 06-001-0105	All	<input type="checkbox"/>		

Assignment	Required By:	Assigned	Completion Date	Verified (Initials)
Review the Cultural Competency Policy 06-002-0010	All	<input type="checkbox"/>		
Review the Employee Performance Review & Development Policy 06-001-0030	All	<input type="checkbox"/>		
Review the Personal Involvement with Person Receiving Services Policy 06-001-0005	All	<input type="checkbox"/>		
Review the Vehicles: Accidents/Name Releases Policy 09-002-0020	All	<input type="checkbox"/>		
Review the Mobile Devices Policy 08-001-0020	All	<input type="checkbox"/>		
Review the Transporting Individuals Receiving Services in Personal Vehicles Policy 09-002-0005	All.	<input type="checkbox"/>		
After Hours Crisis Intervention reviewed and explained Policy 03-003-0010 <ul style="list-style-type: none"> Crisis Roster explained and provided 	All	<input type="checkbox"/>		
Level 1 Service Authorization Staff: <ul style="list-style-type: none"> Clinical Service Protocols (please list each protocol reviewed; applicable to position - located on Intranet under Clinical Information tab) _____ _____ _____ _____ _____ _____ _____ 	Supervisor Clinician Support Coord.	<input type="checkbox"/>		
Reviewed Level I Service Authorization Policies: <ul style="list-style-type: none"> Provider Enrollment & Credentialing Policy 01-003-0011 Treatment Authorization Policy 02-001-0015 St. Clair Utilization Management Committee Policy 02-003-0011 Procedure Codes & Definitions Policy 08-002-0010 	Supervisor Clinician Support Coord.	<input type="checkbox"/>		

Policies are located on the CMH Intranet Home Page by clicking on the Policies Index link located on the right side of the screen under Guides and Indexes. You can search for a policy by name or number. By signing this document, you confirm you have read and will abide by the guidelines of each policy listed on this document.

Supervisor Signature

Date

Employee Signature

Date

Original: Personnel File
Cc: Employee
Supervisor