

SET UP FOR SUCCESS





Welcome New Intern!

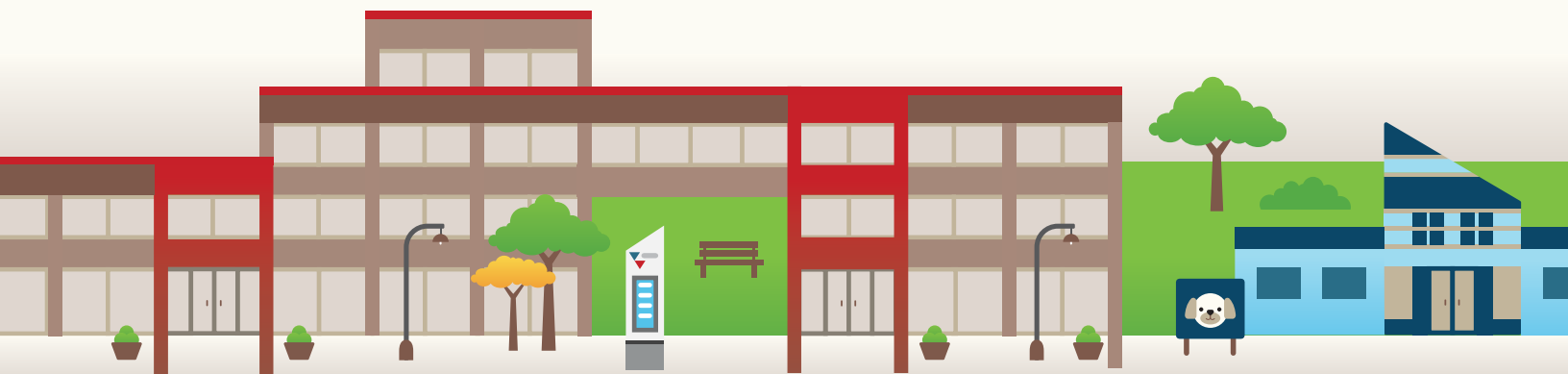
I am delighted to welcome you to Salt Lake County. Our organization is unique in that our efforts, through the wide diversity of services, have touched each and every person in Salt Lake County. I hope you will find your new job in challenging, meaningful and rewarding.

Your work here will play an integral part in building the Future We Choose, which is a healthy community, built on healthy places, healthy people, expanded opportunities and responsive government.

Our greatest asset is our workforce. We strive to promote and support employee growth and achievement, and I anticipate your success. Together, we can continue to build a brighter future and advance the quality of our already outstanding services to new levels of excellence.

Best of luck at your new post and welcome to the team.

Sincerely,



SET UP FOR
SUCCESS

INTRODUCTION page 4

Welcome New Intern

SECTION 1 page 5

Preparing for New Intern's Arrival / Before First Day of Work

SECTION 2 page 6-7

Welcoming Your New Intern / Their First Day on the Job

SECTION 3 page 8

The First Week / Getting off to a Good Start

SECTION 4 page 8

Third Week / Review Intern Progress

SECTION 5 page 9

One Month Check In / Keeping on Track

Basic Information

Intern Name _____

Employee ID (EID) _____

Your Office Contact Information

Office Phone # _____

Temporary Voicemail Password _____

Cell Phone # _____

Long Distance Code _____

Office Fax Number _____

Interoffice Courier Address _____

Your Computer Information

Network Login _____

Temporary Computer Password _____

Email Address _____

Work Hours

Sunday _____ Monday _____

Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____

Dates to Remember

Agency Orientation _____

Team Meetings _____

Division-wide Meetings _____

Helpful Phone Numbers

Supervisor Name _____

Supervisor Phone # _____

Back-up Supervisor Name _____

Backup Supervisor Phone # _____

IS Service Desk # _____

Payroll Coordinator Name _____

Payroll Coordinator Phone # _____

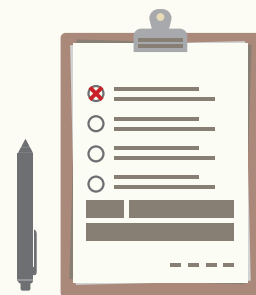
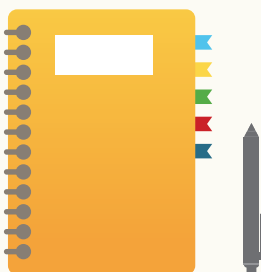
HR Coordinator Name (if applicable) _____

HR Coordinator Phone # _____

We are excited to have you on board. Please don't hesitate to contact me if you need anything.

Sincerely,

Your Supervisor _____



Supervisor may not be responsible for every task listed here, but they are responsible to ensure all tasks are completed.

Preparations

Prepare Packet to include the following:

- Welcome Letter from Agency
- Welcome Letter from Department Director
- Welcome Letter from Mayor

Review and complete Internship Agreement and forward to HR with workflow

Confirm acceptance of the job offer

Work with agency new hire authorizer to ensure IS onboarding process has been initiated

Notify payroll coordinator of new employee name, start date and rate of pay

Send confirmation of acceptance letter (instruct employee to visit HR prior to or on start date to complete e-Verification, and any other pre-start tasks)

Email other staff to announce the new employee and their starting date

Map out the employee's first day and schedule yourself to be available at the beginning and throughout the first day

Logistic Arrangements

Space

Furniture

Supplies and Equipment

Building and office access: keys, keypad, name badge, ID card

Miscellaneous

Add name to mail room slot

Update and print phone list

Prepare Employee Controlled Assets/Inventory for signature

Update agency email distribution list

Order uniforms (if applicable)

Computer and computing access (if applicable)

Hardware

Software

• Agency-Specific _____

• Position-Specific _____

Networks and shared folders

Distribution lists

Online time reporting system

Set up email account

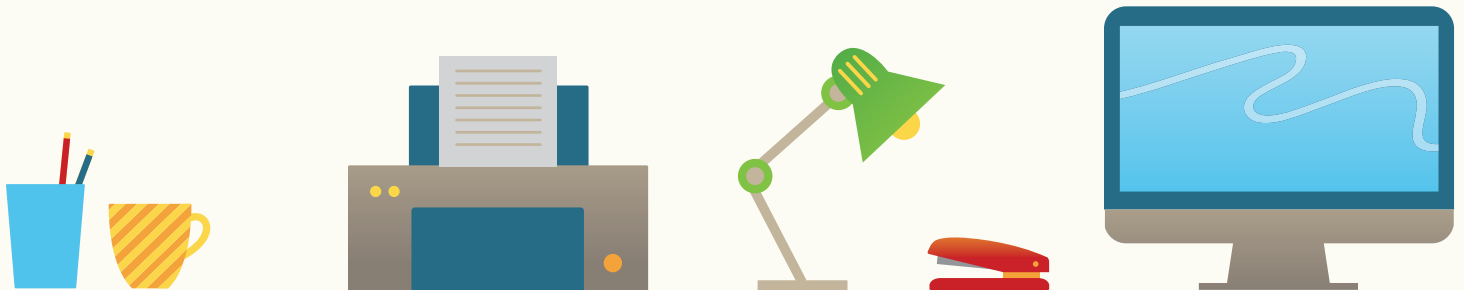
Any special access _____

Telecommunications:

Telephone services, if necessary long distance code

Contact I.S. to ensure that new employee's name appears on the telephone display

Reset voicemail and get temporary password



**SET UP FOR
SUCCESS**

Wages and Hours

Hours of operation, work schedules, rest periods, workplace flexibility

Timecard reporting, if necessary mileage reporting (proof of current auto insurance), to include project codes and combo codes if necessary

Explain the following:

- Pay periods
- Pay days
- How to access your pay stub in PeopleSoft
- How to sign up for direct deposit in PeopleSoft
- Process for reporting an absence (sickness or lateness)
- Review ACA monthly hour limitations

General

Provide the employee with an office tour and make agency and department introductions

Acquaint your new employee with your agency and Salt Lake County

Schedule of staff meetings or other standing activities

Agency's website, intranet, and e-Connect

Transit Passes & Van Pools

Dress Code Standards/Uniform

Government Center Amenities (and tour if applicable)

- Cafeteria location & hours _____
- Caring for Kids - Day Care
- Credit Union
- Health Clinic
- Employee Fitness Center

Nearby Services

Food _____

Gas _____

Parks _____

Public Transit _____

Day Care _____

Other _____

Work Environment

Assigned work area

Restrooms

Break room & cleanup, and office practices regarding use of break room

Storage of resource materials, office supplies and order process

Recycling Bins

Office equipment

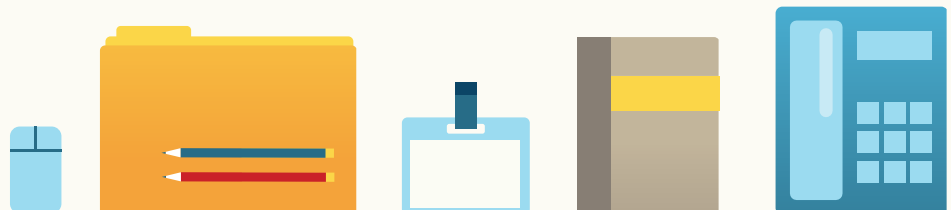
Mail/Courier room - delivery and pickup, proper addressing

Building access and security measures

Issuance of keys (building, office, desk, files, vehicle) or access card

Approved Parking Areas

Review vehicle use practices (private and fleet)



Documents and Forms

(to be completed within the first two weeks of employment)

Job Description – supervisor provides the most current copy to new employee

Conflict of Interest Form signed and returned to supervisor and forwarded to Department Head or Elected official

Department and division organizational charts

Organization mission & vision statements

Agency-Specific Policies and SOPs

Special note of County’s core values statement

Show how to access county-wide policies and HR policies online

Special note of Countywide Policy 1400-1: IT Security Acceptable Use

Special note of HR Policy 3-300 Standards of Conduct

Agency-Specific or Position-Specific Forms or Documents

Agency-Specific or Position-Specific Forms or Documents

Agency-Specific or Position-Specific Forms or Documents

Required Training

(to be completed within two to four weeks of employment)

Employee was provided ample time to review County-wide and HR policies

New Employee Online Orientation

Online Sexual Harassment Prevention & Ethics Training

Defensive Driving Training (required for anyone driving a county vehicle or for recipients of mileage reimbursement – proof of current auto insurance must be provided)

Agency-Specific or Position-Specific Training or Orientation

Agency-Specific or Position-Specific Training or Orientation

Agency-Specific or Position-Specific Training or Orientation



Safety Plans

Disaster Plans: evacuation and lockdown procedures,
employee kits

Reporting a work-related injury or illness

Review workplace safety policies

Review Calling Tree Exercise

Office Safety Coordinator _____

SECTION 4: THIRD WEEK / LIST DATES COMPLETED BELOW

Required Training Date Completed

New Employee Online Orientation _____

Online Sexual Harassment Prevention & Ethics Training _____

Defensive Driving Training (anyone driving a county vehicle or for recipients of mileage reimbursement) _____

Proof of current auto insurance _____

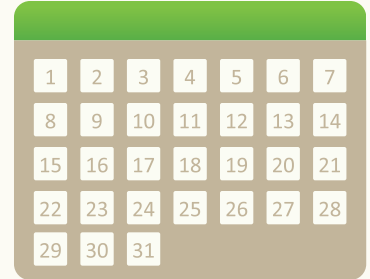
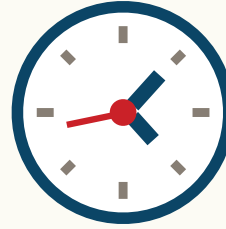
Agency-Specific or Job-Specific Training (please specify) _____

Agency-Specific or Job-Specific Training (please specify) _____

Agency-Specific or Job-Specific Training (please specify) _____



- Review work related expectations
- Assist employee with training or other needs
- Discuss any areas of concern



Comments: _____

SECTION 6: COMPLETE CHECKLIST

Electronically signed checklist to filed in on agency online network

EMPLOYEE ACKNOWLEDGMENT

I acknowledge that I have been directed to read and understand HR policies. I understand that it is my responsibility to read and comply with all policies and any revisions made to them and that I should consult my supervisor regarding any questions not answered in my review of the policies.

Since the information, policies, and benefits are necessarily subject to change, I acknowledge that revisions may occur. All such changes will be communicated, and I understand that revised information will supersede, modify, or eliminate existing policies.

 Employee Name (print)

 Date

 Employee Signature

 Supervisor Name (print)

 Date

 Supervisor Signature

