

# Orientation Checklist Student Employment

## Contact Information

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Program you are studying at Great Falls College MSU: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Student and supervisor initial each topic after it has been completed.

## Payroll Information

*Student*    *Supervisor*

_____	_____	Procedure for recording time
_____	_____	Procedure for submitting time records
_____	_____	Payroll calendar and holidays

## Tour & Introductions

*Student*    *Supervisor*

_____	_____	Building/Department tour and introductions to staff
_____	_____	Restrooms
_____	_____	Supplies
_____	_____	Work Area
_____	_____	Area for coats, personal items

## Employer Information

*Student*    *Supervisor*

\_\_\_\_\_    \_\_\_\_\_    Overview of employer's department and its mission  
\_\_\_\_\_    \_\_\_\_\_    Introductions to other staff

## Expectations

*Student*    *Supervisor*

\_\_\_\_\_    \_\_\_\_\_    Job description and list of general duties  
\_\_\_\_\_    \_\_\_\_\_    Acceptable attire & personal appearance  
\_\_\_\_\_    \_\_\_\_\_    Confidentiality (FERPA and HIPAA if applicable)  
\_\_\_\_\_    \_\_\_\_\_    Safety & Security  
\_\_\_\_\_    \_\_\_\_\_    Punctuality & Dependability  
\_\_\_\_\_    \_\_\_\_\_    Personal phone calls & visitors, use of personal cell phone  
\_\_\_\_\_    \_\_\_\_\_    Use of equipment for personal use  
\_\_\_\_\_    \_\_\_\_\_    Lunch breaks, beverages & food

## Schedule

*Student*    *Supervisor*

\_\_\_\_\_    \_\_\_\_\_    Limits on hours  
During school session (maximum 20 per week)  
During school breaks (maximum 40 per week)  
No more than 20 hours combined if also a student worker  
\_\_\_\_\_    \_\_\_\_\_    Total hours (Work Study award)  
\_\_\_\_\_    \_\_\_\_\_    Student availability  
\_\_\_\_\_    \_\_\_\_\_    Hours of operations  
\_\_\_\_\_    \_\_\_\_\_    Procedure for schedule changes  
\_\_\_\_\_    \_\_\_\_\_    Procedure for reporting work absences

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_