



Orientation and Training Guidelines

Transferred TSP Employees

The School Board of Broward County, Florida

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***PURSUANT TO ARTICLE 14(A)(5)(f)**

Orientation and Training Guidelines for Transferred TSP Employees

Prior to First Day

- Send Email to All Coworkers Announcing Transferred Employee

Sample Email

On MM/DD/YY we are welcoming (Name) into our department as a (Job Title). Please do everything you can to make (First Name) feel welcome. Initially, (Name) will be assigned as a buddy to (Name) to assist (Name) with his/her transition into our department.

Please make a point of welcoming (Name) during his/her first day on the job.

- Email Welcome Letter to the New Employee

Sample Letter

Dear Name:

I am pleased to welcome you to your new position, (Position Title). The team is looking forward to working with you.

On your first day, I will meet with you to review your work area, departmental procedures, job description including specific responsibilities, expectations, and progress monitoring processes. It is my goal to help you become comfortable and productive in your new position as quickly as possible.

Please accept my personal welcome to the (Department) of the School Board of Broward County.

Sincerely,
Supervisor

First Day Checklist

- Introduce employee to all team members including clerical staff. (In one setting if possible.) During introductions, review everyone's function within the department.

- Escort employee to his/her work area.

- Introduce and explain departmental policies and procedures.

- Provide an opportunity to complete any necessary paperwork.

- Go over employee's work schedule and hours of access to building.

- Conduct a brief tour of the facility.

- If employee will be supervising others, notify affected employees.

- Provide employee a list of important phone numbers to know.

- Answer employee questions.

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First Week Checklist

Staff Member's Name: _____ **Title:** _____

Department: _____ **Completed by:** _____

Supervisor's Instructions: Please complete this checklist with new staff member at the appropriate times. Both parties should initial items as they are completed and then sign and date the form acknowledging its completion.

Supervisor's Initials / Staff Member's Initials

1. ____ ____ Review the progress monitoring process.

2. ____ ____ Review applicable and appropriate staff compensation processes, including:
 - q Comp time/Payroll Time Reporting Processes
 - q Vacation scheduling

3. ____ ____ Review computer system, including:
 - q Computer network access/passwords
 - q Setting up and use
 - q Office software programs
 - q Email accounts

4. ____ ____ Review the structure and procedures of his/her department including:
 - q Department organization chart – highlight the names and duties of key personnel and who to contact if the supervisor isn't available
 - q Ordering/Obtaining supplies
 - q Severe weather callout procedure
 - q Work travel or trips (policy & procedure)

5. ____ ____ Review applicable job description and specific responsibilities associated with the position
 - q Tasks to be completed

- q Deadlines to be met
- q Frequency of completion (daily, quarterly, annually, etc.)
- q Required meetings
- q Expectation for proficiency

6. ____ ____ Discuss appropriate staff development opportunities and requirements:

- q Training and Development requirements (complete within 30 days if possible)
- q Orient employee to evaluation instrument within three (3) weeks of reassignment date.

7. ____ ____ Supervisor: Schedule regular follow up meetings to discuss employee progress

Supervisor's Signature _____ **Date** _____

Employee's Signature _____ **Date** _____

Form #4051A
NEW – Employee Relations

Training/Support

Training may be required according to an employee's duties, job description, manager, department, and division.

Training Required According to Job Duties and Job Description

- Supervisor must identify specific training requirements, if any
- Provide opportunity for employee to complete requisite training, if any (Suggested within thirty (30) days)

Provide Support by assigning an "Advisor" to assist with the transition into the department and position

- Go-to person for questions
- If appropriate, schedule some time with the new employee to assist with their training in the position, (work with the employee one full week then weekly or biweekly follow up)

Progress Monitoring

(Contact Evaluation Coordinators)

As the employee's supervisor, you must monitor their progress in becoming proficient in the responsibilities of their new position. It is recommended to meet with the employee on a biweekly basis to review any questions or clarifications the employee may have, review their progress in the new position, and assess what they are doing well as well as any concerns you may have. If there are deficiencies noted, expectations and recommended corrective action needs to be discussed and memorialized in writing. Attached is a format to be used for this documentation. (See Proficiency Assessment Form)

TIMELINES

(Contingent upon employee's reassignment date)

- **Day One Checklist – See First Day Checklist**
- **First Week Checklist**
- **Within the 1st three weeks of starting the job, orient to Evaluation Instrument**
- **Progress Monitoring Meetings**
 - **30 Day Required**
 - **45 Day Optional, unless performance proficiencies are identified**
 - **60 Day Optional, unless performance proficiencies are identified**
 - **90 Day Required**

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Proficiency Assessment Form

Shaded areas to be completed by employee/Non-shaded areas to be completed by supervisor

Section I

Assessment Period:	
Employee Name:	
Employee Title:	
Department:	
Supervisor:	

Section II – Objectives (Proficiency Areas/Job Description Responsibilities to be focused on for this assessment period)

(To be completed within the first 30 days)

1.
2.
3.
4.

Employee Comments on Achievement of Objectives, Deficiencies and/or Training needed

(To be completed at the end of 30 , 45, 60, 90 days (circle one) or sooner if needed)

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Supervisor Comments on Achievement of Objectives, Deficiencies and/or Training needed

(To be completed at the end of 30, 45, 60, 90 days (circle one) or sooner if needed)

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My signature acknowledges receipt of this document and the fact that the contents of the document have been shared with me.

Employee Signature

Date

Supervisor Signature

Date

Section III

Additional Job Competencies	Performance – Assessment and Results
<p>Acquires and applies knowledge, skills and experience to accomplish results.</p> <p>Quality of Work Products</p> <p>Professionalism</p> <p>Collaboration/Teamwork</p>	<p>Employee Assessment of performance w/examples</p> <p>Supervisor Assessment of performance w/ examples</p> <p>Supervisor Overall Assessment of Proficiency in Objectives (Required at the end of each assessment)</p> <p>Meets _____ Needs Improvement _____ Fails to Meet _____</p> <p>(See attached comments)</p>

My signature acknowledges receipt of this document and the fact that the contents of the document have been shared with me.

Employee Signature

Date

Supervisor Signature

Date

This form shall remain at the worksite and shall not be placed in the employee's permanent personnel file.

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