

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 8 Staff Fund Deduction Acknowledgement Form
CMHO Standard(s):
Approved:

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 9 – Staff Orientation Checklist
CMHO Standard(s): S.A.1.7, S.C.1.1, S.C.1.2, S.C.1.3, S.C.1.4, S.C.2.5, M.G.1.11, M.I.1.10, M.I.1.11
Approved: April 2010 Page 1 of 2



Appendix 9 STAFF ORIENTATION CHECKLIST **Name:** _____
Approved April 2010

Welcome to St. Leonard's Community Services, (add department name) and your new position. As you become a member of our organization, there are a number of areas that you need to become aware of and complete during your first six weeks. Working through the checklist will familiarize you with the people, systems, policies, procedures and practices that are in place, as well as providing us with the opportunity of getting to know you.

1. The staff is responsible for providing the following documentation to the Human Resources Manager:

	Date Completed	Authorized By
a) Resume	_____	_____
b) Application	_____	_____
c) Police Clearance/Vulnerable Sector Query	_____	_____
d) Record of Education	_____	_____
e) Medical Certificate	_____	_____
f) Driver's Licence	_____	_____
g) Proof of \$1 million liability insurance	_____	_____
h) Record of Immunization	_____	_____
i) Complete TD1 Form	_____	_____
j) Emergency Response Information	_____	_____
k) Written Acceptance Form	_____	_____
l) Void cheque	_____	_____
m) Other Payroll/Human Resources Procedures	_____	_____
n) Confidentiality Agreement	_____	_____

Please fill in the dates and have them initialed as you complete each item and submit to your Supervisor within 6 weeks of your starting date.

2. The following will be reviewed with your Supervisor or Delegate:

	Date Completed	Authorized By
a) General Tour	_____	_____
b) Organizational Chart	_____	_____
c) Vision, Mission and Values	_____	_____

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- d) Written Job Description _____
- e) Policies & Procedures Manual _____
- f) Supervision Model _____
- g) Client Service Model _____
- h) Planning and Evaluation Model _____
- i) Client Handbook _____
- j) Fire Procedures _____
- k) Health & Safety Policy _____
- l) WHMIS _____
- m) Accessibility for Ontarians Disability Act _____
- n) Emergency Response Policy _____
- o) Staff Handbook _____
- p) Other related practices, policies and procedures (please specify) _____

3. Program Overviews and Orientation to Current Treatment Approach

- | | Date Completed | Authorized By |
|--|----------------|---------------|
| a) Addictions and Mental Health Services | _____ | _____ |
| b) Administration Services | _____ | _____ |
| c) Employment Services | _____ | _____ |
| d) Justice Services | _____ | _____ |
| e) Youth and Family Services | _____ | _____ |

4. Administrative Staff

- | | Date Completed | Authorized By |
|--------------------------------|----------------|---------------|
| a) Department Telephone System | _____ | _____ |
| b) Review Photocopy Procedures | _____ | _____ |
| c) Other Office Procedures | _____ | _____ |

Staff signature: _____

Supervisor's signature: _____