

AFC UNIT \_\_\_\_\_

A35.301

**ORIENTATION CHECK LIST**

\_\_\_\_\_  
Employee's Name/Title

\_\_\_\_\_  
Date

**Supervisor:** Discuss and explain the following checklist to each new employee (check off each point as you explain to the employee). Advise the employee, AFC Policy Statements and forms listed below can be found at [www.forestry.arkansas.gov](http://www.forestry.arkansas.gov).

- \_\_\_\_\_ Purpose, function, and organization of the AFC
- \_\_\_\_\_ Relationship to other departments, state and federal agencies
- \_\_\_\_\_ Describe the job, outline duties
- \_\_\_\_\_ As applicable, explain emergency response requirements
- \_\_\_\_\_ As applicable explain conditions of employment, i.e. residency, physical fitness standards
- \_\_\_\_\_ Work performance, quality and quantity expected
- \_\_\_\_\_ Work hours
- \_\_\_\_\_ Lunch period
- \_\_\_\_\_ Rest period (breaks)
- \_\_\_\_\_ Tardiness, absences
- \_\_\_\_\_ Wages
- \_\_\_\_\_ Group medical insurance
- \_\_\_\_\_ Group life insurance
- \_\_\_\_\_ Retirement plan (mandatory 5% contribution)
- \_\_\_\_\_ Vacation/Sick leave policy
- \_\_\_\_\_ Standards of Conduct and Disciplinary Policy
- \_\_\_\_\_ Grievance and Discrimination Complaint Policy
- \_\_\_\_\_ Equal Employment Policy
- \_\_\_\_\_ Other Employment Policy
- \_\_\_\_\_ Other AFC policies (Drug Free Workplace, Electronic Communications and Information Technology, etc.)

The employee has been advised of AFC Policy Statements found at [www.forestry.arkansas.gov](http://www.forestry.arkansas.gov), **§ 5, 10, 20, 30, 40, 50, 70, 75, 95, 105, 110, 150, 170, 185, 190 and a copy of the signed forms A35.302, and A35.307 and Governor's Executive Order 98-04 Disclosure information on Forms F-3 to F-8**

**Employee:** The AFC expects that all employees conform to AFC policies and procedures. Employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the AFC or the employee. No representative of the AFC has authority to enter any agreement for employment for any specified period, or make any agreement contrary to AFC Policy §5. The AFC is an “employment at will” employer.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Supervisor signature