

FACULTY ORIENTATION CHECKLIST

Full-Time and Adjunct:

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| <input type="checkbox"/> Course Syllabus | <input type="checkbox"/> Program Competencies/Student Learning Outcomes/Good to Great Reports |
| <input type="checkbox"/> Textbook(s)/Instructional Resources | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Keys | <input type="checkbox"/> Email |
| <input type="checkbox"/> Classroom Policies | <input type="checkbox"/> Emergency Actions/Alertus |
| <input type="checkbox"/> Confidentiality/FERPA | <input type="checkbox"/> First Aid and Fire Extinguishers |
| <input type="checkbox"/> Classroom Technology | <input type="checkbox"/> Evacuation Procedures |
| <input type="checkbox"/> Attendance/Self-Service | <input type="checkbox"/> Instructional Support after 5:00 pm |
| <input type="checkbox"/> Grade Submission | <input type="checkbox"/> Inclement Weather Policy |
| <input type="checkbox"/> Moodle (including Course Consistency and Gradebook) | <input type="checkbox"/> Safety Manual and Annual Training |
| <input type="checkbox"/> Distance Ed Resources | <input type="checkbox"/> Personnel Handbook and Policy Manual |
| <input type="checkbox"/> Library Resources | <input type="checkbox"/> Evaluation Process |
| <input type="checkbox"/> Field Trip Process | <input type="checkbox"/> Contract Information |
| <input type="checkbox"/> Mailroom/Copiers | |
| <input type="checkbox"/> Academic/Attendance Policies | Full-Time Only: |
| <input type="checkbox"/> RECHS/CCP | <input type="checkbox"/> Travel Procedures |
| <input type="checkbox"/> Absence Notification | <input type="checkbox"/> Advising Responsibilities |
| <input type="checkbox"/> Paperwork Procedures (electronic and paper – Etrieve, DocuSign, etc) | <input type="checkbox"/> Registration Procedures |
| <input type="checkbox"/> AVISO | <input type="checkbox"/> Secondary Employment |

I certify that the above items have been covered in my orientation.

Instructor's Signature: _____ *Date:* _____

Supervisor's Signature: _____ *Date:* _____

HR/BO Information (check off when completed and on file):

- | | |
|----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> W-4 Form |
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> NC 4 Form |
| <input type="checkbox"/> Copies of any Required Certifications | <input type="checkbox"/> I-9 Form |
| <input type="checkbox"/> UA Form (full-time only) | <input type="checkbox"/> Personnel Action Form |
| <input type="checkbox"/> SACSCOC Credentialing Form | <input type="checkbox"/> Staff Information Data sheet |
| | <input type="checkbox"/> Retiree Form (if applicable) |