



Orientation Checklist Student Employment

Contact Information

Student Name _____

Address: _____

Phone Number: _____ Cell Number: _____

Emergency Contact Name/Number: _____

Program you are studying at MSU-COT: _____

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)
_____ _____ Total hours (Work Study award)
_____ _____ Student availability
_____ _____ Hours of operations
_____ _____ Procedure for schedule changes
_____ _____ Procedure for reporting work absences

Student: _____ Date: _____

Supervisor: _____ Date: _____