



**ORIENTATION AND CERTIFICATION FOR NEW HIRE/TRANSFEEE**

Employee Name (please print)	People First ID	
Office	Office Location	
Supervisor Name (please print)	Title	Phone No.

Federal and state laws, state rules and/or agency procedures require certain information be provided to all employees and each employee certify in writing that he/she has received this information or had this information discussed with them. This information is provided in your New Hire/Transferee Packet. Your supervisor or other appropriate official must assist you with this as a part of your appointment process.

This form is to be completed and signed by both the employee and supervisor. It is the responsibility of the supervisor to forward this form along with the new employee packet, upon completion, to the Florida Department of Commerce, Bureau of Human Resource Management. The completed form will become part of the official training records and will be filed in the employee's official personnel file. Our mailing address is Caldwell Building, 107 East Madison Street, Tallahassee, Florida, 32399-6545.

Type of Employment (Check One):            SES/SMS             Career Service

**(Check your Response)**

1. New Hire/Transfer Packet of personnel papers. Yes  No
2. Initial welcome, introduction, office layout, working hours, parking. Yes  No
3. Workstation, equipment, supplies. Yes  No
4. [Loss Prevention and Safety Policy, 4.03](#) Yes  No
5. Job description, performance standards, training and education, office mission. Yes  No
6. Attendance and leave, [60L-34, Florida Administrative Code](#). Yes  No
7. Office rules concerning confidentiality, security, telephone use, punctuality, service to clients. Yes  No
8. [Insurance and Benefits Plans](#)  
(Enrollment must be made within 60 days of employment) Yes  No

9. Sexual Harassment:
- [Policy, 2.04](#) (employee must sign, date, and submit the Acknowledgement of Receipt form.)
  - [60L-36.004, Florida Administrative Code.](#)
10. Dual Employment and Dual Compensation:
- [Guidelines and Procedures](#)
  - [Request](#)
11. [COM Drug-free Workplace Policy Directive.](#)
12. [Employee Assistance Program \(EAP\)](#)
13. Career Service Grievance Procedure and Appeals Process  
([Section 110.227 \(5\)\(a\), Florida Statutes](#))
14. [the Family and Medical Leave Act \(FMLA\)](#)
15. [Management and Control of Department-Owned Vehicles Policy, 4.06](#)
16. Disciplinary Standards [60L-36.005, Florida Administrative Code](#)
17. Information Technology and Security Policies, [5.01](#) and [6.01](#).
18. [Florida Retirement System \(FRS\) - New Employee Certification Form](#)
19. [Office for Civil Rights:](#)
- [Equal Opportunity Policy, 2.05](#)
  - [Know Your Rights: Workplace Discrimination is Illegal](#)
20. [Code of Ethics, 1.05](#)  
(employee must sign, date, and submit the Pledge on Behalf of the People of Florida on page 2 of this policy.)
21. [Employee Action Request \(EAR\)](#)
22. [Employee Handbook](#)
23. [Confidential Records Policy, 1.02](#)
24. [Political Activity Policy, 1.03](#)
25. [Processing Public Records Policy, 1.06](#)
26. [Work Related Injuries Policy, 2.10](#)

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

27. [Travel Policy, 3.05](#) Yes  No
28. Purchasing Card (P-Card):  
  - [P-Card Policy, 3.06](#) Yes  No
  - [Guidelines](#)
29. [COM Code of Personal Responsibility, 1.07](#)  
 (employee must sign, date, and submit the Policy Acknowledgement Form and Pledge on Behalf of the People of Florida.) Yes  No
30. [Statement of Nondiscrimination](#) Yes  No
31. [Mobile Device Management](#) Yes  No

### USE OF SOCIAL SECURITY NUMBER

All state employee personnel records contain social security numbers because it is imperative for us to be able to identify state employees properly and definitively. The statewide accounting system FLAIR requires social security numbers to be entered for disbursement of funds. The system has utilized social security numbers to identify individuals by taxpayer ID number. COM may also use your social security number to conduct a criminal history background check, if applicable, in accordance with Chapter 110, F.S. and in filing reports required by the Division of Workers' Compensation. Your social security number may be used for any other purpose specifically required or authorized by state or federal law.

### EMPLOYEE CERTIFICATION

My supervisor has reviewed the department's [policies](#) with me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SUPERVISOR CERTIFICATION

I have discussed the above items with this employee and will provide assistance to this employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date