

Chapter 13

Issue 2 05/01/2025

SUBJECT: EMPLOYEE ORIENTATION

I. PURPOSE

This policy establishes a standardized process for the structured and consistent onboarding of new employees to the City of Lompoc.

II. SCOPE

This policy applies to all employees in the competitive service. If any section, subsection, sentence, clause, or phrase of this policy conflicts with an approved Memorandum of Understanding (MOU) between the City and a recognized employee organization, the provisions of the current MOU shall take precedence. Exceptions to this policy require approval from the City Manager.

III. ADMINISTRATION

The implementation of this policy shall be jointly managed by the Human Resources Department and the respective hiring departments.

IV. AMENDMENTS

This policy may be amended by the City Manager.

V. DEFINITION

"Orientation" refers to the structured process of introducing new employees to their roles, colleagues, and the organization, including its policies, procedures, and values.

VI. PROGRAM

The orientation program consists of a structured session designed to facilitate employee integration and provide essential information on workplace policies, and benefits.

A. Primary Orientation Session

The initial orientation session should be conducted on the employee's first workday. The new employee shall:

1. Report to their supervisor at the assigned start time. The supervisor shall follow the *Supervisor Guidelines For New Employee Orientation* (see sample),



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which outlines the proper onboarding steps.

2. Visit the Human Resources Department to complete necessary employment paperwork before beginning work. This process typically takes approximately 30 minutes for full-time employees and 20 minutes for part-time employees. Required documents are listed under *Human Resources Hiring Paperwork* (see sample).

3. Upon completion of the Human Resources session, the supervisor will continue the orientation following the *Supervisor Guidelines*. The supervisor will review the *Check-Off Sheet* (see sample), discuss listed topics, and address any questions the employee may have.

4. Once the orientation is complete, the employee must sign a *Training Receipt* (see sample), confirming their understanding of the information provided. Both the Supervisor and the new employee must sign and date the document. A copy of the Training Receipt shall be retained by the employee, and the original shall be submitted to the Human Resources Department.

VII. IMPLEMENTATION AND INTERPRETATION

Any questions related to the intent or application of this policy should be directed to the Human Resources Director, who is responsible for its interpretation and implementation.

Authorized: _____
Dean Albro, City Manager

Date



Supervisor Guidelines for New Employee Orientation

1. **Welcome the New Employee:** Greet the employee warmly, provide a brief tour of the immediate work area (including break rooms, restrooms, and water stations), and introduce them to key colleagues.
2. **Work Area Introduction:** Bring the employee to their workstation and provide an overview of the City's history, the department's role, and department goals. Answer any initial questions to ease their transition.
3. **Human Resources Processing:** Ensure the employee completes all required paperwork with Human Resources before starting job duties. If this has not yet occurred, personally escort the employee to the Human Resources Department and introduce them to the HR representative.
4. **Follow-Up After HR Processing:** Approximately 30 minutes after dropping off the employee at Human Resources, check in to see if they have completed the paperwork and bring them back to their workstation.
6. **Job Description Review:** Provide the employee with their job description and review job expectations. Use the *Check-Off Sheet* as a guide for discussion.
7. **Address Questions:** Assist the employee in locating answers within the Personnel Procedures Manual (PPM), or the applicable Memorandum of Understanding (MOU) or Compensation Plan.
8. **Work Schedule and Expectations:** Explain the employee's work schedule and expectations regarding job performance and learning.
9. **Employee Sponsor:** Assign the employee a workplace sponsor, who will provide additional guidance, assist with questions, and support the employee's integration into the department or division.
10. **Sponsor Selection Criteria:** The sponsor should be a positive, knowledgeable employee who understands policies and procedures at the division, department, and City levels. The sponsor will serve as a resource for work-related inquiries and social integration.



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Supervisor's Check-Off Sheet for New Employee Orientation

(Supervisors should check off each item once it has been thoroughly discussed.)

- Job Responsibilities
 - Department/Division Functions, Goals, and Policies
 - Work Hours and Time Sheets on Employee Self Service (ESS)
 - Attendance and Punctuality
 - Illness and Reporting Procedures
 - Lunch and Break Periods
 - Employee Entrances and Key Access
 - Overtime Policy and Requirements
 - Personal Phone Calls and Mail Guidelines
 - Parking
 - City Vehicle Use
 - Locker Assignments (if applicable)
 - Dress Code and Professional Attire
 - Personnel Policies
 - Disciplinary Procedures
 - Substance Abuse Policy
 - Outside Employment (if applies, the employee must complete a *Collateral Employment Form*)
 - Workplace Safety and Accident Reporting (Code of Safe Practices)
 - Staff Meetings and Safety Tailgate Sessions
 - Handling Confidential Information
 - Performance Evaluations and Review Process
 - Training and Development Opportunities
 - Other: _____
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Human Resources Hiring Paperwork

Key: F = Full-Time Employees | P = Part-Time Employees | * = If Applicable

Code	Form	Employee Type
FP	Employee Emergency Contact Form	F/P
FP*	Code of Safe Practices	F/P
FP*	Coffee Fund Deduction	F/P
FP	Customer Service Charter of Excellence	F/P
F*	Benefits Information for New Hires	F*
F*	Insurance Forms (medical, vision, FSA, and dental [if applicable])	F
FP	Employee Assistance Program (EAP)	F
F	Personnel Ordinance & Rules/Personnel Procedures Manual on the Web	F
FP	DMV Pull Notice Form & Memo	F/P
FP	Hep B Vaccination or Titer Draw Form	F/P
FP	EEO Policy	F/P
F*	Employee Information Card / ID / Key Card / City-Issued Item Form	F
FP	Form I-9 Employment Eligibility Verification	F/P
FP	Medicare Withholding	F/P
F*	Memorandum of Understanding (MOU) or Compensation Plan	F*
FP	New Employee Training Receipt	F/P
FP	Oath of Allegiance	F/P
FP	Surepay Form for Direct Deposit Authorization	F/P
F*	CalPERS Member Action Request Form	F*
F*	CalPERS Beneficiary Designation (Pre-Retirement)	F*
FP	CalPERS Member Reciprocal Self-Certification Form	F/P
P	457 Deferred Compensation Plan (Supplemental Retirement Plan)	P
FP	Payroll Deduction Schedule	F/P
FP	Chapter 52 - Substance Abuse Policy	F/P
FP	Chapter 55 – Violence in the Workplace Policy	F/P
FP	Chapter 56 – Access to City Computer Resources	F/P
FP	Chapter 58 – Tobacco-Free & Smoke Free Workplace Policy	F/P
FP	Chapter 59 - Social Media Usage Policy	F/P
FP	Chapter 63 – Discrimination & Harassment Prevention Policy	F/P
FP	Supplemental Personnel Employment Record	F/P
FP	CA State Tax Withholding Form	F/P
FP	W-4 Tax Withholding Form	F/P
FP	Workers' Compensation Notice	F/P



New Employee Training Receipt

I, _____, the Undersigned, have been briefed on the below listed issues, and know where I can go with further questions should they arise.

Initial beside each item when it has been completely discussed, and your questions have been answered. (If the item is non-applicable, please write N/A in the space instead of initialing.)

- | | |
|-------------------------------|---------------------------------------|
| ____ Job Responsibilities | ____ Department/Division Functions |
| ____ Work Hours/Time Sheets | ____ Attendance and Punctuality |
| ____ Illness and Reporting In | ____ Lunch Hour and Breaks |
| ____ Employee Entrances/Keys | ____ Overtime Policy and Requirements |
| ____ Pay Schedule | ____ Personal Telephone Calls/Mail |
| ____ Parking | ____ City Vehicle Use |
| ____ Lockers | ____ Appropriate Attire |
| ____ Personnel Rules | ____ Discipline Procedures |
| ____ Safety and Accidents | ____ Outside Employment |
| ____ Confidential Information | ____ Staff Meetings/Safety Tailgates |
| ____ Training Program | ____ Evaluation Criteria/Procedure |

 Employee's Signature

 Date

 Department

 Division

 Position

 Supervisor's Name (Please Print)

 Title

 Supervisor's Signature

 Date



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SAMPLE FORM



This form applies to all employees excluding Safety bargaining units. LPOA & IAFF have their own process in accordance to their respective MOUs.

CITY-ISSUED ITEM AND/OR ASSIGNED EQUIPMENT LIST

To be completed on and prior to an employee's first/last day of work.

EMPLOYEE NAME: _____ EMPLOYEE #: _____ DEPT/DIVISION: _____

JOB TITLE: _____ DATE OF SEPARATION: _____

ITEMS	DATE ASSIGNED	ASSIGNED BY	STAFF INITIAL	DATE RETURNED	RECEIVED BY	STAFF INITIAL
City ID/Key Card						

EMPLOYEE ACKNOWLEDGMENT

I acknowledge receipt of the item/equipment listed above, which has been assigned to me by the City for official use. I understand that I am responsible for the proper care, security, and return of all City-issued item/equipment. I agree to use all City-issued items in accordance with City policies and procedures. I further agree to return all City-issued items upon my separation from employment or upon request by the City.

Employee Name (Print): _____

Employee Signature: _____

Date: _____