

**INDUCTION CHECKLIST**

<b>Employee Name</b>	<b>Position</b>	<b>Started on</b>	<b>Dept. Manager</b>	<b>Induction by Who</b>	<b>Date</b>	<b>Employee's Sig.</b>

<b>Contract of Employment</b>			
<b>Disciplinary Policy</b>			
<b>Starter Form</b>			
<b>Job Description</b>			
<b>Staff Booklet</b>			
<b>Organisation Chart</b>			
<b>Hotel Tour / Introduction to other departments</b>			
<b>Uniform/Dress Code</b>			
<b>Breaks</b>			
<b>Food and drink</b>			
<b>Smoking areas</b>			
<b>Pay</b>			
<b>Absenteeism and Lateness</b>			
<b>Holidays</b>			
<b>Sickness</b>			
<b>Security</b>			
<b>Parking</b>			
<b>Health &amp; Safety</b>			
<b>Hazards reporting</b>			
<b>Accident reporting</b>			
<b>Emergency Procedures/Fire</b>			

**This form must be completed by the Head of Department/Supervisor within 3 weeks of commencement of employment.  
Both HoD and Employee must sign where indicated and return the form to GM**