

CAROLINA FAMILY HEALTH CENTERS, INC.

Supervisor / Manager Orientation Program

Employee Name _____ Date _____

Position _____ Location _____

HUMAN RESOURCES

General Standards of Conduct

HR-201 & HR-201.01 Anti-Harassment and Retaliation _____

Hiring and Employment

HR-300 Recruiting and Hiring Process

HR-300.01 Recruiting and Hiring _____

Benefits

HR-501 Family Medical Leave Act (FMLA) _____

Work Schedule and Attendance

HR-601 & HR-601.01 Attendance _____

HR-602 Employee Breaks _____

Payroll and Timekeeping

HR-703 & HR-703.01 Employee Time Keeping _____

Performance Assessment, Staff Development and Training

HR-900 & HR-900.01 Introductory Performance Feedback _____

HR-901 & HR-901.01 Annual Performance Evaluations _____

HR-902 & HR-902.01 Corrective Action _____

HR-903 & HR-903.01 Staff Development & Training _____

COMPLIANCE

HIPAA-600 & HIPAA-600.01 Minimum Necessary Standard _____

FINANCE

FIN-102 & FIN-102.01 Cash Disbursements _____

FIN-103 & FIN-103.01 Cash Receipts _____

FIN-104 & FIN-104.01 Purchasing _____

FIN-134 & FIN-134.01 Business Travel _____

- Travel Request
- Request for Reimbursement

COMPLETION VERIFICATION
(Sign and Place in Employee's File)

By signing below, I acknowledge that I have been trained in the above information. I also acknowledge that I may, at any time, request additional training in any of these areas.

Employee Signature

Print Name

Date

Human Resources Signature

Print Name

Date