

WAYLAND BAPTIST UNIVERSITY
NEW EMPLOYEE ORIENTATION

NAME _____ TITLE _____ DATE _____

SOCIAL SECURITY # _____ OFFICE/SCHOOL OF EMPLOYMENT _____

Date of First Day to be WORKED: _____

ORIENTATION PROCESS - Complete within Two Weeks of the First Day Worked
(Complete * Enrollment Forms Packet immediately so the first paycheck can be issued)

Initial all items addressed. As necessary, indicate N/A for Not Applicable.

1. **School dean/director/supervisor** Signature: _____ Date: _____

_____ Authorization for the Maintenance Department to Issue Keys for: Building(s): _____ Room #(s): _____

_____ Security access codes for these facilities have been provided to the new employee

_____ Authorization for Information Services to assign a computer log-on for:

_____ Authorization for Switchboard to assign a long-distance telephone access code

2. **ENTRANCE INTERVIEW - Personnel Officer or Designee at external center locations** Signature: _____ Date: _____