

# CNM Memorandum

**To:**

**From:**

**Date:** January 3, 2014

**Re:** NEW EMPLOYEE ORIENTATION - PHASE I and II (*Exempt Employee*)

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Congratulations on having a new employee in your organization!

Research has shown that a thorough introduction or orientation of new employees is extremely effective in 1) providing a new employee with the essentials to do the job, 2) alleviating new job apprehension, 3) increasing morale, 4) increasing productivity, and 5) increasing retention. Additionally, advising a new employee of their rights and documenting such reduces, if not eliminates, the College's liability in the event of an employment complaint or grievance. For all of these reasons, CNM maintains a multiple-phase New Employee Orientation (NEO) program.

**PHASE I.** If not already done so, Please schedule your new employee to receive a general orientation by the Human Resources (HR) Department either prior to beginning employment or within one week of his/her start date. Timely attendance at this NEO is critical because of a number of strict deadlines, A few examples of these deadlines include those imposed by the U.S. Department of Justice who requires that an I-9 form be completed within three days of employment and the New Mexico Public Schools Insurance Authority who requires that election of insurance coverage be done within 31 days of employment. Additionally this orientation reviews CNM policies and procedures. A new employee receives an *Employee Handbook* and many other CNM printed materials. Some of the areas covered in this general orientation include completion of payroll documents, sexual harassment, EEO policy and complaint procedure, and benefits. A schedule of New Employee Orientation (NEO) can be obtained by contacting the HR Department. However, a great deal of information that may be unique to your department still needs to be covered.

**PHASE II.** The attached form is provided to assist you in getting your new employee "off to a good start." It need not be completed in a day, but minimally, within two weeks of employment. Please feel free to address other topics of discussion depending on the needs of your school/department. Upon completing Phase II, return the completed form to HR and it will be filed in the employee's official personnel file. If you have any questions, please contact the HR Department at 224-4600.

**EMPLOYMENT RECOMMENDATION/COMPLETION OF TRIAL PERIOD.** All exempt employees are considered trial employees for the first 28 months of their employment. During the employee's trial period, employment may be terminated without regard to grievance procedure. Following the conclusion of the employee's trial period, his/her name is submitted to the Governing Board for approval. Only upon successful completion of the 28-month trial period and approval by the Governing Board is the employee covered by the College's grievance procedure. In support of CNM's Employment Policy, performance appraisals should be completed every 6 months on a 28- month trial employee during the first year in order to provide on-going performance feedback. Annual evaluation must also be conducted in accordance with the Employee Handbook. All recommendations for termination of an exempt trial period employee must be accompanied by supporting documentation and reviewed by Human Resources.

Hire Date:	
6 month performance appraisal due date:	
12 month performance appraisal due date:	
28 month trial period completion date:	

Attachments: 1) Phase II-New Employee Orientation; 2) Six month and twelve month Trial Period Performance Appraisals; and 3) Employment Recommendation/ Completion of Trial Period

# Phase II-New Employee Orientation

Employee Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_

**SUPERVISOR INSTRUCTIONS** - The following is a checklist of information necessary to orient the new employee to their new job, work environment, your expectations, and Institute and departmental policies and procedures. Within two weeks of his/ her start date, please initial and date each point as you discuss it with the employee. Upon completion, return this form to the Human Resource Department.

- \_\_\_\_\_ Before the new employee's arrival, review a copy of his/her employment application to re-familiarize yourself with his/her experience, training, and education.
- \_\_\_\_\_ Before the new employee's arrival, ensure that his/her work area is prepared and available with the appropriate equipment, supplies and tools. Upon the new employee's arrival, ask him/her what other equipment, supplies or tools he/she would like.
- \_\_\_\_\_ Provide a general overview of his/her duties, responsibilities, work schedule, working relationships, and levels of supervision.
- \_\_\_\_\_ Discuss the CNM organizational structure and your department's organizational structure. Explain the function of your department/division as it relates to the total mission of the Institute and how the employee fits in.
- \_\_\_\_\_ Describe the various departments within CNM.
- \_\_\_\_\_ Introduce the new employee to his/her co-workers by name and title. Explain the functions of each person as you introduce them to the new employee.
- \_\_\_\_\_ Introduce the new employee to his/her frequent contacts outside your division/department.
- \_\_\_\_\_ Tour your division/department with the new employee explaining where lavatories, break/snack areas, first aid kit and parking facilities are located.
- \_\_\_\_\_ Describe any housekeeping responsibilities.
- \_\_\_\_\_ Describe and/or schedule necessary or required training including Phase I HR New Employee Orientation, Hazardous Communications, Sexual Harassment and Phase III HR New Employee Orientation.
- \_\_\_\_\_ Review Colleges policy which prohibits the use of CNM equipment (telephones, copy machines, vehicles, supplies, etc.) for personal use.
- \_\_\_\_\_ Confirm that the employee has a copy of the *Employee Handbook*. Let them know it is their responsibility to familiarize themselves with it.
- \_\_\_\_\_ Review College & division/department procedures related to breaks, lunches, overtime, and call-in procedures.
- \_\_\_\_\_ Review the College's Discipline and Grievance Procedure. Tell the new employee that major offenses which may result in immediate termination are dishonesty, violent behavior, insubordination, abuse of sick leave, alcohol and substance abuse and other offenses which are covered in the *Employee Handbook*.
- \_\_\_\_\_ Schedule an appointment with the new employee in a week to address any questions or concerns he/she may have.

\_\_\_\_\_ Discuss the employee's career goals and objectives. Relate them to the goals and objectives of your department/division.  
Inform the employee that specific goals and objectives will be established during the trial period review.

\_\_\_\_\_ Inform the new employee of the date for his/her trial period review. Discuss with the employee the performance standards and expectations for the position.

\_\_\_\_\_ Electronic Timesheet Training

\_\_\_\_\_ Other (Please Describe):

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



6-Month Exempt Trial Period Performance Appraisal

Employee Name \_\_\_\_\_ Evaluation Date \_\_\_\_\_

Employee Job Title \_\_\_\_\_ Division/ Department \_\_\_\_\_

Rating Scale:

Table with 5 columns: N (Does Not Meet Expectations), I (Needs Improvement In Meeting Expectations), M (Meets Expectations), E (Exceeds Expectations), NA (Not Applicable)

Table with 5 columns (N, I, M, E, NA) and 25 rows of performance criteria such as 'Understands and accepts responsibilities of position', 'Organization of work assignments', etc.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read this report and have been afforded the opportunity to discuss this evaluation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Important-** Use this page for setting goals and objectives.

## ESTABLISHMENT OF GOALS/ OBJECTIVES FOR CURRENT YEAR/ PERIOD

Goals/Objectives for Current Year/Period	Strategy	Achievement Measurements



## CNM 12-Month Exempt Trial Period Performance Appraisal

Employee Name \_\_\_\_\_ Evaluation Date \_\_\_\_\_

Employee Job Title \_\_\_\_\_ Division/ Department \_\_\_\_\_

Rating Scale:

N	I	M	E	NA
Does Not Meet Expectations	Needs Improvement In Meeting Expectations	Meets Expectations	Exceeds Expectations	Not Applicable

	N	I	M	E	NA
1. Understands and accepts responsibilities of position _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization of work assignments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effective utilization of work time _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of work performed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quantity of work performed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Response to work order requests _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Reports problems promptly to supervisor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Responsive to instructions and suggestions _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cooperative when working with others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Consideration for other workers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Display of initiative _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Dependability _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Adaptability to new situations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Attendance and punctuality _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Adequate notice given when absent _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Control of emotions _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Discrete and tactful _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Stays within limits of authority _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Supportive of Institute policies _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Care and maintenance of equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Safety practices _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Flammable material storage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Use of appropriate safety devices _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Security of facility _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Security and storage of tools and supplies _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read this report and have been afforded the opportunity to discuss this evaluation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Important-** Use this page for review of previous goals and objectives.

**PART II – REVIEW OF PREVIOUS GOALS/OBJECTIVES**  
(SEE 6-MONTH ESTABLISHMENT OF GOALS/OBJECTIVES)

Goals/Objectives for Previous Review Period	Results	Status – Next Steps

Important – Use this page for setting goals and objectives.

**Part III – ESTABLISHMENT OF GOALS/OBJECTIVES FOR NEXT REVIEW  
YEAR/PERIOD**

Goals/Objectives For Current Year/Period	Strategy	Achievement Measurements



**DATE:** January 3, 2014  
**TO:**  
**FROM:** Matthew Padilla, Human Resources Department  
**SUBJECT:** Employment Recommendation/ Completion of Trial Period (*Exempt Employee*)

The employee listed below will complete their twenty eight month trial period on \_\_\_\_\_:

<u>EMPLOYEE NAME &amp; ID NUMBER</u>	<u>JOB TITLE</u>	<u>SCHOOL/DEPT</u>	<u>HIRE DATE</u>
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All regular full- and part-time exempt employees are considered trial employees for the first 28 months of their employment. During the employee's trial period, employment may be terminated without regard to grievance procedure. The employee's name is submitted to the Governing Board for approval at the Governing Board's next regularly scheduled meeting following the conclusion of the employee's trial period. Only upon successful completion of the 28-month trial period and approval by the Governing Board is the employee covered by the Institute's grievance procedure.

Please note: If a recent (within 12 months) performance appraisal is not on file with Human Resources, please complete and return the attached performance evaluation form.

**RECOMMENDATION FOR CONTINUED EMPLOYMENT**

**COMPLETION OF TRIAL PERIOD**

Having successfully completed the trial period, I am recommending employment approval of the individual listed above. A current evaluation (within 12 months) is on file in the employee's official personnel file.

\_\_\_\_\_

Dean/ Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Division Vice President

\_\_\_\_\_

Date

**RECOMMENDATION FOR TERMINATION**

**RECOMMENDATION FOR TERMINATION**

The above listed employee has received written notification of termination **PRIOR** to the conclusion of his/ her 28-month trial period. Supporting documentation for termination of this employee has been reviewed by Human Resources prior to submitting this recommendation for termination.

\_\_\_\_\_

Dean/ Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Division Vice President

\_\_\_\_\_

Date

