



Orientation Cover Letter

Name of Employee:	Social Security #:	Department Name:
Job Classification (TITLE):	Date of Hire/Transfer:	Department #:

When the orientation packet is complete, submit to immediate supervisor.

Employee Signature: _____
Date

Supervisor's Signature: _____
Date

Manager's Signature: _____
Date

Orientation Coordinator: _____
Date

Orientation coordinator submit to Business Manager for update and filing.