**ORGANIZATION TOP LEADERSHIP ONBOARDING RESOURCE (TEMPLATE C)**

**Disclaimer:**

This template/document/framework is not intended to be comprehensive or exhaustive - rather, it seeks to provide a framework, be a reference, stimulate discussions, generate ideas, and facilitate further analysis to encourage additional exploration, research and/or policy development for your organization or group.

This template, referred to as “Organizational Top Leadership Onboarding Resource (Template C),” is free for use and has been developed to suit the Confederacy of Treaty Six First Nations’ business/operational needs. Should you elect to use it for your own use, we recommend caution before using it to replace any documents that you or your organization currently have in place. The Confederacy of Treaty Six First Nations is not liable for the use of this document in the event you choose to use it voluntarily. This document is not to be sold. The Confederacy of Treaty Six First Nations holds the rights to alter or amend this document at any time without notice. 2021-08-25 V1.

**Preamble:**

This resource document has been created for the purpose of helping you with onboarding new top leadership to your organization. This document contains elements and questions you should consider when developing your own procedures, manuals, and policies for onboarding and for use as

*\*Italics: example text*

**ORGANIZATION TOP LEADERSHIP ONBOARDING RESOURCE (TEMPLATE C)**

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| **New Staff Basic Information** |  |
| Leader’s Name (First Name / Last Name)  |  |
| Position Title |  |
| Leader’s Preferred Name |  |
| Start Date |  |
| Immediate Supervisor (or chairman of the board for the CEO) |  |
| Division / Department / Program Area (above the unit level) |  |

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| **Administrative Actions** |  |
| HR Sign In and Orientation Date (if different from start date) |  |
| Employee Handbook Provided (date / by whom) |  |
| Organizational Chart Provided (date / by whom) |  |
| Employee Badge Provided (date / by whom) |  |

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| **Operational Document Review and Familiarization** |  |
| Check On Key Organizational Plans And Date Of Last Review:* Organizational Strategic Plan
* Business Continuity Plan
* Cyber Incident Response Plan
* Organizational Emergency Management Plan
* Organizational Risk Assessment and Risk Management Plan
* Crisis Action Plan
* Crisis Communication Plan
 |  |
| Organizational Financial / Budget Plan for Past Few Years and Current Year |  |
| Budget Projections for the Next Few Years |  |
| Current Program Plan for Area Under This Leader |  |

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| **Training**  |  |
| Cybersecurity Training Completed (to get access to email and network if appropriate) (date of completion) |  |
| Emergency Procedures Training Completed (date) |  |
| Tabletop Exercise(s) on Key Risk / Potential Disasters or Crises |  |
| Media Training (full training or refresher as needed) |  |
| Other Training: |  |

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| **Operations: Key Organizational Recurring Meetings** |
| Meeting Name  | Meeting Frequency * Weekly
* Bi-Weekly
* Monthly
* Quarterly
 | Department Responsible to Chair the Meeting | Purpose of Meeting  | Leader Required to Attend Yes No | Comments / Directions  |
| *Manager’s Mtg* | *Weekly* | *Operations* | *Provide status* |  |  *X* |  |
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| **Operations: Key Recurring Reports** |
| Report Name  | Report Frequency * Weekly
* Bi-Weekly
* Monthly
* Quarterly
 | Department Responsible for the Report | Purpose of Report | Leader Required to Approve Yes No | Comments / Directions  |
| *Project Update* | *Weekly* | *Operations* | *Provide status* |  *X* |  |  |
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| **List of Current Key Projects Overall**  | **Project Leader** |
| Develop New Emergency Management Plan |   |
| Update Organizational Risk Assessment |   |
| Other Project: |   |
| Other Project: |   |
| Other Project: |  |

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| **Executive Support Team Members** |  |
| Team Member A (First Name / Last Name) PositionKey ResponsibilitiesWork and Home Phone Contact Information (for use as emergency phone calling tree – call back list) |  |
| Team Member B (First Name / Last Name) PositionKey ResponsibilitiesWork and Home Phone Contact Information  |  |
| Team Member C (First Name / Last Name) PositionKey ResponsibilitiesWork and Home Phone Contact Information |  |
| Team Member D (First Name / Last Name) PositionKey ResponsibilitiesWork and Home Phone Contact Information | (Add more lines as needed to include all team members) |

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| **Public Holidays and Office Closure Dates** |
| **#** | **Date** | **Holiday / Office Closure**  | **Required to Work (Yes/No)** | **On Call Duty Officer**  | **Notes**  |
|  | New Year’s Day | Holiday / Office Closed | No |  |  |
|  | Good Friday | Holiday / Office Closed  | No |  |  |
|  | Canada Day | Holiday / Office Closed  | No |  |  |
|  | Labour Day | Holiday / Office Closed  | No |  |  |
|  | Thanksgiving | Holiday / Office Closed  | No |  |  |

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| **Important Days to Recognize / Observe and Scheduled Important Events Including Exercises for the Upcoming Year** |
| **#** | **Date** | **Title**  | **Required to Work (Yes/No)** | **Notes**  |
|  |  | Annual Conference |  |  |
|  |  | Exercise |  |  |

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| **To Schedule: Meetings and Briefings (suggested)** |
| **#** | **Date** | **Topic** | **Who Will Brief** | **Notes**  |
|  | TBD | *Departmental Briefings* | *Each Senior Manager* | *To get quick overview of each department* |
|  |  | *External Stakeholder Issues* | *Meet with Key External Stakeholders* | *To discuss external stakeholder issues and needs* |
|  |  | *Briefing on Current Operations* | *Operations Department Director* |  |
|  |  | *Briefing on Future Plans* | *Plans and Policy Director* |  |
|  |  | *Briefing on Business Continuity Plan* | *Operations Department Director* |  |
|  |  | *Briefing on Continuity of Operations Site (COOP) (if there is one)* | *Operations Department Director* | *Including a visit to the COOP site* |
|  |  | *Briefing on Organizational Risk Assessment and Risk Management Plan* | *Risk Manager* |  |
|  |  | *Briefing on Organizational Emergency Management Plan* | *Emergency Management Director* | *Including a visit to the EOC* |
|  |  | *Briefing on Cyber Incident Response Plan* | *IT Director* |  |
|  |  | *Briefing on Crisis Action Plan* | *Chief of Staff / EM Director* |  |
|  |  | *Briefing on Crisis Communication Plan* | *Marketing and Communications Director* |  |

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| **Organization Reporting Structure (entire organizational management team)**  |
| **Position Title** | **Name (First / Last)** | **Department / Office** | **Contact Information (phone and email)**  |
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| **Key Organization Offices and Point of Contacts (operations personnel)**  |
| **Area** | **Position Title** | **Name (First / Last)** | **Special Contact Instructions**  |
| Policy and Planning |  |  |  |
| Operations |  |  |  |
| Legal / General Counsel |  |  |  |
| Marketing and Communications |  |  |  |
| Human Resources  |  |  |  |
| Accounting and Finance |  |  |  |
| Facilities Management |  |  |  |
| Information Technology (IT) |  |  |  |
| Procurement / Acquisition |  |  |  |
| Logistics  |  |  |  |
| Occupational Health and Safety |  |  |  |
| Security |  |  |  |

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| **Crisis Action Team (called up when the crisis action plan is initiated, lead by the CEO or director of the organization. All positions should have a backup person.)** |
| **Area** | **Position Title** | **Name (First / Last)** | **Special Contact Instructions**  |
| Leadership | *CEO* |  |  |
| Operations | *COO* |  |  |
| Finance | *CFO* |  |  |
| IT | *CIO* |  |  |
| Legal  | *Chief Counsel* |  |  |
| Crisis Comms | *Director of Comms* |  |  |
| Stakeholder and Customer Relations |  |  |  |
| Security | *Chief Security Manager* |  |  |
| Safety | *Chief Safety Officer* |  |  |
| HR | *Chief of Human Resources* |  |  |
| Contracting | *Chief of Acquisitions / Contracting* |  |  |
| Subject Matter Experts  | *(as needed)* |  |  |
| Administrative Support |  |  |  |

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| **Division Commonly Used Terms and Acronyms**  |
| **Acronym**  | **Term** | **Definition** (to be determined by org) |
| *CAT* | *Crisis Action Team* |  |
| *COOP* | *Continuity of Operations* |  |
| *COS* | *Chief of Staff*  |  |
| *ED* | *Executive Director*  |  |
| *EHB* | *Employee Handbook* |  |
| *EM* | *Emergency Management* |  |
| *EOC* | *Emergency Operations Center* |  |
| *QQ* | *Quality Control* |  |
| *SOP* | *Standard Operating Procedures* |  |
| *TTX* | *Tabletop Exercise* |  |