**STAFF ONBOARDING RESOURCE (TEMPLATE B)**

**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.

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**Preamble:**

This resource document has been created for the purpose of helping you with onboarding new emergency management department staff 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 a guide when you are conducting an onboarding event with new staff.

*\*Italics: example text*

**STAFF ONBOARDING RESOURCE (TEMPLATE B)**

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| **New Staff Basic Information** |  |
| Staff Name (First Name / Last Name) |  |
| Working Title (and grade/rank if appropriate) |  |
| Staff Member’s Preferred Name |  |
| New Staff Start Date |  |
| Unit / Office |  |
| Staff’s Immediate Supervisor |  |
| 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) |  |
| Position Description Provided to Staff Member (date / by whom) |  |
| Employee Handbook (EHB) Provided (date / by whom) |  |
| Organizational Chart Provided (date / by whom) |  |
| Employee Badge Provided (date / by whom) |  |
| Staff Work Plan (Evaluation Criteria) Provided by Supervisor |  |

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| **Operational Document Review and Familiarization** |  |
| Unit Standard Operating Procedures (SOPs) |  |
| Unit Work Plan |  |
| Unit Business Continuity Plan (or section of larger BCP) |  |
| Organization’s Business Continuity Plan |  |
| Organization’s Strategic Plan |  |
| Organizational Emergency Management Plan (EMP) |  |
| Description of New Staff Member’s EMP Role or Function |  |
| Organizational Risk Assessment and Risk Management Plan |  |
| Crisis Action Plan (CAP) |  |

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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) |  |
| Job or Function-Related Training Plan Developed |  |
| Safety Training Completed (date) |  |
| Emergency Operations Centre Introductory Training |  |
| Local / Provincial / National EM Regulations Basics |  |
| Tabletop Exercise Training |  |
| Other Training: |  |
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| **Operations: Key Recurring Meetings** | | | | | | |
| Meeting Name | Meeting Frequency   * Weekly * Bi-Weekly * Monthly * Quarterly | Department Responsible to Chair the Meeting | Purpose of Meeting | New Staff Member Required to Attend  Yes No | | Comments/Directions |
| *Project Update* | *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 | New Staff Member Input Required  Yes No | | Comments/Directions |
| Project Update | Weekly | Operations | Provide status | X |  |  |
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| **Current Projects Overall** | **Is new staff member assigned to this project?** |
| Develop New Emergency Management Plan | *Yes* |
| Inventory Unit Equipment for Annual Accountability Report | *Yes* |
| Develop Briefing on Unit BCP Plans to Include in Larger Plan | *Yes* |
| Create Contact List for First Response Partners | *No* |
| Other Project: |  |

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| **Team Members on New Staff’s Team** |  |
| Team Member A (First Name / Last Name)  Position  Key Responsibilities  Work and Home Phone Contact Information (for use as emergency phone calling tree – call back list) |  |
| Team Member B (First Name / Last Name)  Position  Key Responsibilities  Work and Home Phone Contact Information |  |
| Team Member C (First Name / Last Name)  Position  Key Responsibilities  Work and Home Phone Contact Information |  |
| Team Member D (First Name / Last Name)  Position  Key Responsibilities  Work 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)** | **Required to Be on Call (Yes/No)** | **Notes** |
|  | New Year’s Day | Holiday / Office Closed |  |  |  |
|  | Good Friday | Holiday / Office Closed |  |  |  |
|  | Canada Day | Holiday / Office Closed |  |  |  |
|  | Labour Day | Holiday / Office Closed |  |  |  |
|  | Thanksgiving | Holiday / Office Closed |  |  |  |
|  | Christmas Day | Holiday / Office Closed |  |  |  |

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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** |
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| **Scheduled Meetings with Key External EM Partners and First Responders** | | | | |
| **#** | **Date** | **Group** | **Required to Attend (Yes/No)** | **Notes** |
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| **Organization Reporting Structure (management team)** | | | |
| **Position Title** | **Name (First / Last)** | **Department / Office** | **Will the new staff member need to interact with this person? If “yes,” in what capacity?** |
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| **Key Organization Offices and Point of Contacts (operations personnel)** | | | |
| **Area** | **Position Title** | **Name (First / Last)** | **Special Contact Instructions** |
| Information Management (IT) |  |  |  |
| Procurement / Acquisition |  |  |  |
| Logistics / Uniforms and Supplies |  |  |  |
| Occupational Health and Safety |  |  |  |
| Communications and Marketing |  |  |  |
| Legal / General Counsel |  |  |  |
| Human Resources |  |  |  |
| Planning and Policy |  |  |  |
| Accounting and Finance |  |  |  |
| Facilities Management |  |  |  |
| CEO / Director’s Office |  |  |  |

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| **Division Commonly Used Terms and Acronyms** | | |
| **Acronym** | **Term** | **Definition** (to be determined by org) |
| ED | *Executive Director* |  |
| QQ | *Quality Control* |  |
| COS | *Chief of Staff* |  |
| SOP | *Standard Operating Procedures* |  |
| EHB | *Employee Handbook* |  |
| (others) |  |  |

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| **Office Dress Code** | | | |
| **Office Setting** | **Request / Suggestion** | **Not Acceptable** | **Other Notes** |
| Regular Office Attire Expectation |  |  |  |
| Meeting Attire Expectation |  |  |  |
| Special Office Event Attire Expectation (Galas, etc.) |  |  |  |
| Community Engagement Meeting (non-emergency) |  |  |  |
| Field Training Exercises (non-emergency) |  |  |  |
| Disaster Response (active emergency) |  |  |  |

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| **Short-Term Departure Items to Consider** | | | |
| If you are called to an active emergency, and you must fly out or travel on short notice, consider that you may have to pack light. | | | |
| **#** | **Questions** | **Suggested Items / Tips** | **Your Items (Self Exercise)** |
|  | What personal clothing will you take? | * *Ensure the clothing you take meets the seasonal and environmental needs of the location you are going to.* |  |
|  | What personal protective equipment (PPE) items will you need to take that are not optional? | * *Goggles* * *Hard hat* * *Protective gloves* |  |
|  | What technology items must you take? | * *Cell phone* * *Battery charger* * *Laptop* * *GPS* |  |
|  | Identification: Is your personal identification up to date and valid? What items do you need? | * *Valid passport* * *Driver’s license* * *Work identification badge* * *Commercial driver’s license (if required)* |  |
|  | Do you have required amounts of medications, vitamins, extra pair of prescription glasses, etc. that you must pack? | * *List items here that are critical to your immediate health.* |  |
|  | Can you have someone ship items that cannot fit into your travel bags or take on your person? | * *If yes, be sure those items are easy for a friend/family member/colleague to locate in your residence.* |  |