

EMPLOYEE INDUCTION COMPLETION FORM

MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY

EMPLOYEE INDUCTION COMPLETION FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____

FACULTY /UNIT: _____

I confirm that I have been inducted / oriented into the University service. By checking **“yes”** against the indicated items / elements, I confirm that they have been explained to me, and where I had questions and concerns, they were answered to my satisfaction.

s/No	Item	Yes	No
1	Terms of employment		
2	Hours of work		
3	Standards and procedures for my work		
4	University policies		
5	Occupational safety and health		
6	Tour of the workplace		
7	Introduction to colleagues and managers		
8	Paperwork that must be filled before I start work		
9	Any other element of interest (please mention):		

Date of induction: _____

Employee’s signature: _____

Induction conducted by (Name, position and signature): _____
