



## New Employee Orientation Acknowledgment Form

Completion of this form serves as the record of employee's participation (via LiveStream) in the **JAGStart** New Employee Orientation program.

Dates of New Employee Orientation attended: \_\_\_\_\_

Name (PLEASE PRINT): \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

### ***Please initial each session attended (Day 1) – All Employees***

- |   |  |
|---|--|
| <input type="checkbox"/> Welcome & Introductions                                      | <input type="checkbox"/> Perks and Programs  |
| <input type="checkbox"/> Mission, Vision and Values                                   | <input type="checkbox"/> Safety and Security   |
| <input type="checkbox"/> Communications and Marketing                                 | <input type="checkbox"/> Legal Affairs, Compliance and Risk Management                   |
| <input type="checkbox"/> Service Excellence, Patient and Family-Centered Care and You | <input type="checkbox"/> Emergency Medical Treatment and Labor Act (EMTALA) <i>slide</i> |
| <input type="checkbox"/> Protecting Confidential Information and Your Role            | <input type="checkbox"/> Parking and Transportation                                      |

### **Augusta University Medical Center Employees**

#### **Day 1**

- Human Resources Overview
- Retirement
- Time Clock Procedures
- Phone Tips & Important Contact Numbers

#### **Day 2**

- AUMC Benefits Overview
- Reducing Hospital-Acquired Infection
- Culturally and Linguistically Appropriate Services (CLAS)

### **Augusta University Employees**

#### **Day 1**

- University System of GA and the Board of Regents
- Review Policies and Procedures

**I acknowledge that I attended JagStart New Hire Orientation via LiveStream and was shown the location of the Employee Manual on the employee intranets. I acknowledge my responsibility to read and accept the terms of the Employee Manual within two weeks of employment.**

**Please sign and submit via email to [JagStart@augusta.edu](mailto:JagStart@augusta.edu) within 24-48 hours of completing LiveStream Orientation.**

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





## Orientation Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

1. What are the Core Values at Augusta University? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
2. New Hire benefit eligible employees must enroll in benefits within the first \_\_\_\_\_ days of hire to begin coverage on your hire date, or the first of the following month. If employees do not elect health benefit coverage, and do not provide proof of other coverage, the employee will automatically be enrolled in the Choice plan.
3. True or False (select one) \_\_\_\_\_: Augusta University is an equal opportunity employer. Our policies prohibit discrimination based on race, color, religion, age, sex, marital or family status, national origin, sexual orientation, disability, gender identity, veteran status or genetic information.  
We aim to maintain an environment that is free of harassment, intimidation and exploitation.
4. True or False (select one) \_\_\_\_\_: Everyone is expected to understand and use the principles of Patient and Family- Centered Care in their daily practice.
5. When practicing service excellence, what does AIDET stand for? A: \_\_\_\_\_, I: \_\_\_\_\_, D: \_\_\_\_\_, E: \_\_\_\_\_, T: \_\_\_\_\_.
6. THE EMTALA (Emergency Medical Treatment & Active Labor Act) Empowers us to: (select one) \_\_\_\_\_
  - A. Not turn anyone away from the AUMC property that seems to need help for a medical condition.
  - B. Ask, "Do you need medical assistance?"
  - C. Report any actual or possible injury of a person to Safety & Security at (1-2911).
  - D. All of the above.
7. The phone number for Risk Management is 1 - \_\_\_\_\_.
8. True or False (select one) \_\_\_\_\_: The Employee Intranet is where employees need to go to access MC Strategies, Employee Self Services, The Attendance Tracking System and MC policies and procedures.
9. The code name for a fire at Augusta University Medical Center is: (select one) \_\_\_\_\_
  - A. Code Red
  - B. Code 17
  - C. Code Signal D
  - D. Code Pink
10. True or False (select one) \_\_\_\_\_: Bio-medical waste means any trash that has touched a patient.
11. True or False (select one) \_\_\_\_\_: Contractor badges expire one year after their issue date.

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## Forms to Submit Substance Abuse Policy

### ***Employee Acknowledgement of Receipt and Understanding***

I hereby acknowledge that I have received and read a copy of AU Medical Center (AUMC) Substance Abuse Policy (the "Policy"). I also understand that I must abide by the Policy as a condition of employment, and any violation may result in disciplinary action up to and including termination.

I hereby consent to alcohol and drug testing pursuant to this Policy including the search of my personal possessions including my locker and vehicle on AU Medical Center property. I also understand that failure to comply with the Policy or verified positive result of a drug test will result in disciplinary action up to and including termination of employment.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with AU Medical Center and disciplinary action up to and including termination of employment may result if:

- 1) I refuse to consent to such testing,
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examination,
- 3) I refuse to authorize release of the test results to AU Medical Center,
- 4) The test establishes a violation of AU Medical Center's Substance Abuse Policy, and/or
- 5) I otherwise violate the Policy.

I ALSO UNDERSTAND THAT THE SUBSTANCE ABUSE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT OF EMPLOYMENT BETWEEN AU MEDICAL CENTER AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE READ THE FOREGOING ACHNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Name (Please PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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