

GEORGIA DEPARTMENT OF JUVENILE JUSTICE



Community

OJT Training Checklist and Manual

(non-JPPS series and non-JPM)

Name: _____

Start Date: _____

Office: _____

Community Services Staff On-The-Job Training Checklist

Employee:	Employee ID:
Title:	Position:
First Day of Employment:	Juvenile Program Manager:
Date OJT Begins:	Date OJT is Completed:

SECTION I: Day 1 (8 hrs.)-Meeting with a Human Resource/Personnel representative who will discuss the following: (Can be completed by JPM if a HR rep. is not available)

Topic	Date Completed	Employee's Initials	Reviewer's Initials	JPM Signature
Employee Benefits				
Code of Conduct and Ethical Standards (sign acknowledgement statement found in Policy 3.10)				
Dress Code for Non-Uniformed Staff (3.13)				
Political Activity (3.14)				
Use of Tobacco Products and Drug Free Public Workforce (Sign Drug Free Workforce Notice found in Policy 3.15)				
Other Employment (3.16)				
Visitors and Children in the Workplace (3.17)				
Fitness for Duty (3.18)				
Americans with Disabilities Act (3.21)				
Harassment (3.22)				
Employee Grievance Procedures (3.23, 3.24)				
Workman's Compensation (3.27, 3.28)				
Time Records, KRONOS, Work Hours, Leave and Holidays (3.30, 3.32, 3.60, 3.61, 3.62)				
FLSA, breaks, meal periods (3.31)				
ID Badge Issue (3.41)				
Employee Accountability and Discipline (3.80)				
Performance Planning and Appraisal Instruments (3.81)				
Direct Deposit and Pay Schedule (3.90)				

SECTION II: Day 2 (8 hrs.)-Instruction with Juvenile Program Manager (JPM)

Topic	Date Completed	Employee's Initials	Reviewer's Signature (JPM)
DJJ Mission Statement			
DJJ Vision Statement			
DJJ Core Values			
Chain of Command/Organizational Chart of Office and Agency (Regions and Districts)			
Travel Submittal; Using State Vehicles (2.1, 2.11)			
Information Technology Overview (6.2, 6.3, 6.4, 6.5, 6.6); Sign Information Security Agreement found in Policy 6.2			
Review of use of office systems, supplies, materials, and equipment			
Key Control (20.7)			
Chemical Control and Right to Know Act			
Infectious Disease Control (11.30)			
Review of office's Emergency Plan			

On-line Trainings: (mark N/A if not required for specific job class/position):

HIPPA Information Security			
Anti-Bullying/Anti-Harassment			
Customer Service			
Documentation Standards			
Record Management			
DJJ Harassment Policy			
Implementing the MAYSI-2			
Managing Communication Requests			
Special Incident Report Codes			
PREA 2- Keeping our Kids Safe			
PREA 3- Georgia Law & National Standards			
PREA 5- Positive Reporting Culture			
PREA 8A- PREA Policy Training			
DAI training (module 1 & 2)			

SECTION III: Certification of Completion of On-The-Job Training

EMPLOYEE:

- I have received 8 hours of orientation instruction from my Human Resources/Personnel representative or Juvenile Program Manager (JPM) and have had the opportunity to ask questions and discuss any areas of concern.
- I have received 8 additional hours of orientation instruction from my JPM and have had the opportunity to ask questions and discuss any areas of concern.

Employee's Signature: _____ Date: _____

FTO COORDINATOR AND JUVENILE PROGRAM MANAGER (JPM):

- This employee was provided a total of 16 hours of orientation instruction by a Human Resources/Personnel Representative and/or JPM, and/or FTO. This employee has successfully completed On-The-Job Training.

JPM Signature: _____ Date: _____