



## STAFF ORIENTATION CHECKLIST

EMPLOYEE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(This form must be returned to the Human Capital Division within two (2) weeks from the date of issue).*

Please tick (/) where appropriate.

| 1.0 | WELCOME/OVERVIEW   | STAFF'S REMARK |
|-----|--|----------------|
| 1.1 | Welcome to MTD Group.  |                |
| 1.2 | History of the Company, Products and Services.   |                |
| 1.3 | Overview of Company: Structure and System.   |                |
| 2.0 | CONDITIONS OF EMPLOYMENT AND PROCEDURES  |                |
| 2.1 | Working hour, salary, benefits, statutory deduction, overtime work and claim management.   |                |
| 2.2 | Probationary period  |                |
| 2.3 | Employment Rules   |                |
| 2.4 | Disciplinary Procedures.   |                |
| 3.0 | TOUR OF OFFICE   |                |
| 3.1 | Show the: - <ul style="list-style-type: none"> <li>• Personal location/workstation</li> <li>• Café and Canteen (if available)</li> <li>• Car Park</li> <li>• General facilities and lavatory</li> <li>• Prayer room for Muslim staff</li> <li>• Recreation facilities</li> </ul> |                |

**MTD GROUP**

| <b>4.0</b> | <b>DETAILED JOB INSTRUCTION</b>  | <b>STAFF'S REMARK</b> |
|------------|--|-----------------------|
| 4.1        | Organizational Chart of Department/Division  |                       |
| 4.2        | Provide Job Description and ensure staff has clear understanding of the job requirement. |                       |
| 4.3        | Introduce Employee formally to the Manager/HOD   |                       |

Please identify any further issues you may have concerning the Company or your job:

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Action taken by immediate superior:

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I confirm the above areas have been covered with the Employee.

\_\_\_\_\_  
SIGNATURE  
(HCD PERSONNEL)  
NAME:  
DATE:

\_\_\_\_\_  
SIGNATURE  
(EMPLOYEE)  
NAME:  
DATE:

\_\_\_\_\_  
SIGNATURE  
(IMMEDIATE SUPERIOR)  
NAME:  
DATE:

\_\_\_\_\_  
SIGNATURE  
(EMPLOYEE)  
NAME:  
DATE: