

# LSUHSC-S

Louisiana State University Health Sciences Center-Shreveport

## NEW EMPLOYEE ORIENTATION

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Effective Date: \_\_\_\_\_

It is your responsibility to attend **New Employee Orientation** on the date you have been scheduled. **It is also your responsibility to bring your benefit packet with you to orientation.** *If for any reason, you will be unable to attend at your scheduled time, please call 5-5635 to re-schedule.*

You have an appointment to attend **New Employee Orientation** in the **Medical School Auditorium**, Room 1-400 in the Medical School on Monday, \_\_\_\_\_.

Please attend from  8:00am to 4:30pm  8:30 am to 11:00 am

8:00am to 12:30pm

1:00pm to 4:30pm

You will be scheduled to go to the **Employee Health Clinic**, located in the hospital on the Eighth Floor, Room H8-8. Please bring a copy of your current immunization (shot) record with you to your scheduled appointment. If for any reason, you are unable to attend your scheduled appointment, it is your responsibility to immediately call the **Employee Health Clinic** at **5-6281** and reschedule. Your scheduled appointment is on \_\_\_\_\_ at \_\_\_\_\_.

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

### For Office Use Only:

\_\_\_\_\_ Full Time Tenure Track Faculty

\_\_\_\_\_ Full Time Unclassified (Indefinite Appointment)

\_\_\_\_\_ Classified (Probational)

\_\_\_\_\_ Gratis

\_\_\_\_\_ Provisional

\_\_\_\_\_ Student (Other)

\_\_\_\_\_ Annual and Term Appointment Faculty

\_\_\_\_\_ Annual and Term Appointment Unclassified

\_\_\_\_\_ Restricted

\_\_\_\_\_ House Staff

\_\_\_\_\_ Transient

\_\_\_\_\_ Graduate Assistant

\_\_\_\_\_ Part-Time Faculty ( \_\_\_\_\_ %)

\_\_\_\_\_ Part-Time Unclassified ( \_\_\_\_\_ %)

\_\_\_\_\_ Job Appointment

\_\_\_\_\_ Fellow

\_\_\_\_\_ Student (LSU)

\_\_\_\_\_ Other - Please List  
\_\_\_\_\_