

## **NEW EMPLOYEE WORKSPACE CHECKLIST**

Name:			·			
Location of	Workspace:					
Start Date:						
Clean the a cleaning.	rea: Please use the appropriate	cleaning mate	erial for item you are			
	Clean the desk and wipe down with	disinfectant wij	oes.			
	Clean out any drawers, shelfs, cubbies or other personal space provided to them.					
	Wipe down the phone.					
	Wipe down keyboard, mouse, towe	r and printer.				
	Wipe down headset.					
Supplies: Cl	neck to ensure your new employ	vee has the fo	llowing supplies.			
	Pens		Note pads			
	Pencils		Business Cards			
	Highlighters		Business card holder			
	Scissors		Hand sanitizer			
	Calendar		Tissues			
	Stapler		Trash can			
	Tape		Chair			
	Thumb tacks		Coat rack or hook			
	Binder clips		Keys to desk			
	Paper clips		Miscellaneous supplies			
	Staple remover		Printer or access to printer			
	Desk drawer organizer		Name Tag			
	Folders		Name Plate			
	Files		Notepad			

Other supplies or progr	ams needed		
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	No	tes	
Supplies to order:			
Supplies to order:			
Issues with workspace:			