

NEW EMPLOYEE ORIENTATION FEEDBACK FORM

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| EMPLOYEE NAME | DATE | DEPARTMENT |
|---------------|------|------------|
| | | |

| HOW SATISFIED WERE YOU WITH THE FOLLOWING?: | SATISFACTION RATING: 1 to 10 1 - Very Dissatisfied 10 - Very Satisfied | COMMENTS <i>Optional</i> |
|---|--|-----------------------------|
| NEW EMPLOYEE ORIENTATION | | |
| BENEFITS ORIENTATION | | |
| DEPARTMENT ORIENTATION | | |
| ON-THE-JOB TRAINING | | |

ADDITIONAL COMMENTS *Please provide any further suggestions or comments.*

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