

Orientation provided by the staffing company

Temporary agency worker
Supervisor/the staffing company's contact person, phone number and email address
Supervisor in the user company

Subject of orientation	Orientation date	Employee's signature
Work task and its description, as well as the required competence		
Work clothes and personal protective equipment		
Place of work and working time arrangements and practices Delivery of time sheets		
Occupational health care contact information and occupational health care services		
Sickness absence practices, such as: <ul style="list-style-type: none"> • Who to contact in case of illness • When a sickness absence certificate is required • Where to submit a sickness absence certificate 		
What to do in the event of an accident at work		
What to do in the event of a problem at work		
Name and contact details of the occupational safety and health representative and occupational safety and health manager		
Collective agreement applicable to temporary agency work		
The above matters have been reviewed with me.		
Date		
Temporary agency worker	Staffing company representative	