



# **Policies and Procedures Manual Checklist**





# **Policies and Procedures Manual Checklist**

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## **Policy and Procedures Manual Checklist**

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### **How to Begin a Personnel Policy Manual**

Our Policy Manual Should Cover:

- |  |          |         |
|--|----------|---------|
| 1. Purpose of the policy manual                | Yes ____ | No ____ |
| 2. Authority and distribution of policy manual | Yes ____ | No ____ |
| 3. Supplements to the policy manual            | Yes ____ | No ____ |
| 4. Establishing new or revised policy          | Yes ____ | No ____ |

### **Employment, Induction, and Orientation**

Our Policy Manual Should Cover:

- |  |          |         |
|--|----------|---------|
| 1. Equal employment opportunity  | Yes ____ | No ____ |
| 2. Affirmative action program  | Yes ____ | No ____ |
| 3. Employees with disabilities   | Yes ____ | No ____ |
| 4. Harassment guidelines   | Yes ____ | No ____ |
| 5. Introductory period/employment-at-will  | Yes ____ | No ____ |
| 6. Definition of employee status--full-time, part-time, temporary, nonexempt, exempt | Yes ____ | No ____ |
| 7. Hiring former employees, friends, relatives, and the handicapped                  | Yes ____ | No ____ |
| 8. Employee recruitment and selection  | Yes ____ | No ____ |
| 9. Employment of former employees  | Yes ____ | No ____ |
| 10. Employment of relatives  | Yes ____ | No ____ |
| 11. Employee referrals   | Yes ____ | No ____ |
| 12. Reception and evaluation of applicants (procedure)                               | Yes ____ | No ____ |
| 13. Selection of employee (procedure)  | Yes ____ | No ____ |

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- |   |          |         |
|---|----------|---------|
| 14. Immigration Reform and Control Act            | Yes ____ | No ____ |
| 15. Pre-employment physical examination           | Yes ____ | No ____ |
| 16. Employment application retention requirements | Yes ____ | No ____ |
| 17. Fee payment of employment procurement         | Yes ____ | No ____ |
| 18. Induction and orientation procedure           | Yes ____ | No ____ |

### Attendance and Absenteeism

Our Policy Manual Should Cover:

- |  |          |         |
|--|----------|---------|
| 1. Defining absenteeism:                         | Yes ____ | No ____ |
| A. Authorized                                    | Yes ____ | No ____ |
| B. Unauthorized                                  | Yes ____ | No ____ |
| 2. Punctuality                                   | Yes ____ | No ____ |
| 3. Time away from work                           | Yes ____ | No ____ |
| 4. Policy on excessive absenteeism               | Yes ____ | No ____ |
| 5. Policy on attendance control                  | Yes ____ | No ____ |
| 6. Policy on return to work after illness/injury | Yes ____ | No ____ |
| 7. Leaves of absence                             | Yes ____ | No ____ |
| 8. Paid sick leave                               | Yes ____ | No ____ |
| 9. Family and Medical Leave                      | Yes ____ | No ____ |
| 10. Disability leave                             | Yes ____ | No ____ |
| A. Exempt employees                              | Yes ____ | No ____ |
| 11. Personal leave of absence                    | Yes ____ | No ____ |
| 12. Uniformed Services leave                     | Yes ____ | No ____ |
| 13. Jury duty                                    | Yes ____ | No ____ |



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14. Hours of work Yes \_\_\_\_ No \_\_\_\_

### **Wage and Salary Administration**

Our Policy Manual Should Cover:

1. Basic wage and salary policies Yes \_\_\_\_ No \_\_\_\_
2. How wages and salaries are determined Yes \_\_\_\_ No \_\_\_\_
  - A. Job evaluation plan Yes \_\_\_\_ No \_\_\_\_
  - B. Merit or performance rating plans Yes \_\_\_\_ No \_\_\_\_
  - C. Rate range by classifications Yes \_\_\_\_ No \_\_\_\_
  - D. Length of service raises Yes \_\_\_\_ No \_\_\_\_
  - E. Incentive wage policies Yes \_\_\_\_ No \_\_\_\_
3. Wage and salary differentials Yes \_\_\_\_ No \_\_\_\_
  - A. Shift differentials Yes \_\_\_\_ No \_\_\_\_
  - B. Differentials for learners and apprentices Yes \_\_\_\_ No \_\_\_\_
  - C. Call-in pay Yes \_\_\_\_ No \_\_\_\_
4. Overtime pay policies Yes \_\_\_\_ No \_\_\_\_
  - A. Employees subject to overtime pay Yes \_\_\_\_ No \_\_\_\_
  - B. Supervisor overtime Yes \_\_\_\_ No \_\_\_\_

### **Management Development and Training**

Our Policy Manual Should Cover:

1. Company Mission Statement Yes \_\_\_\_ No \_\_\_\_
2. Company Training Philosophy Statement Yes \_\_\_\_ No \_\_\_\_
3. Orientation and Training Yes \_\_\_\_ No \_\_\_\_
4. Meeting/Seminar Attendance Yes \_\_\_\_ No \_\_\_\_

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- |     |  |          |         |
|-----|--|----------|---------|
| 5.  | Supervisor's Responsibilities to Subordinates  | Yes ____ | No ____ |
| 6.  | Supervisor's Responsibility to Cost Control    | Yes ____ | No ____ |
| 7.  | Performance Appraisals                         | Yes ____ | No ____ |
|     | (a) Hourly and Nonexempt Employees             | Yes ____ | No ____ |
|     | (b) Exempt Employees                           | Yes ____ | No ____ |
|     | (c) Levels of Performance                      | Yes ____ | No ____ |
|     | (d) Specific Review Factors                    | Yes ____ | No ____ |
|     | (e) When to Conduct                            | Yes ____ | No ____ |
| 8.  | Promotion from Within                          | Yes ____ | No ____ |
| 9.  | Job Posting                                    | Yes ____ | No ____ |
| 10. | Training and Educational Assistance            | Yes ____ | No ____ |
| 11. | Tuition Reimbursement                          | Yes ____ | No ____ |
| 12. | Quality Statement and Policy                   | Yes ____ | No ____ |
| 13. | Forms for Administration of Training Programs  | Yes ____ | No ____ |
| 14. | Forms for Management of Performance Appraisals | Yes ____ | No ____ |

### **Employee Benefits Administration**

Our Policy Manual Should Cover:

#### **PAID VACATIONS**

- |    |   |          |         |
|----|---|----------|---------|
| 1. | Length of vacations                           | Yes ____ | No ____ |
| 2. | Eligibility and amount of vacation pay        | Yes ____ | No ____ |
| 3. | Scheduling vacation time                      | Yes ____ | No ____ |
| 4. | Illness during vacation                       | Yes ____ | No ____ |
| 5. | Extending, accumulating or splitting vacation | Yes ____ | No ____ |

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6. Uniformed Service duty during vacation Yes\_\_\_ No\_\_\_
7. Effect of layoffs and absences Yes\_\_\_ No\_\_\_
8. Effect of discharge and resignation Yes\_\_\_  
No\_\_\_
9. Part-time and temporary employees Yes\_\_\_  
No\_\_\_

### PAID HOLIDAYS

1. Number and name of paid and unpaid holidays Yes\_\_\_ No\_\_\_
2. Arrangements for Christmas and religious holidays Yes\_\_\_ No\_\_\_
3. Holidays falling on nonworking days Yes\_\_\_ No\_\_\_
4. Arrangements for long holiday weekends Yes\_\_\_  
No\_\_\_
5. Eligibility requirements for paid holiday Yes\_\_\_ No\_\_\_
6. Amount of holiday pay and computation procedure Yes\_\_\_  
No\_\_\_
7. Pay for worked holidays Yes\_\_\_ No\_\_\_
8. "Floating" holidays Yes\_\_\_ No\_\_\_

### GROUP HEALTH INSURANCE

1. Health Plan specifics Yes\_\_\_ No\_\_\_
- A. Type and amount of benefits provided Yes\_\_\_ No\_\_\_
- B. Kind of plan--self-funded, indemnity, HMO, etc. Yes\_\_\_ No\_\_\_
- C. Eligibility requirements for employees/dependents Yes\_\_\_ No\_\_\_
- D. Contributory or noncontributory plan--percentage contributions Yes\_\_\_ No\_\_\_
- E. Coverage--individual or family Yes\_\_\_ No\_\_\_

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- |  |        |       |
|--|--------|-------|
| F. Maximum-out-of-pocket, lifetime, etc. | Yes___ | No___ |
| G. Deductibles                           | Yes___ | No___ |
| H. Limitations and exclusions            | Yes___ | No___ |
| 2. Continuation provisions               | Yes___ | No___ |
| A. Extended coverage                     | Yes___ | No___ |
| B. COBRA administration                  | Yes___ | No___ |
| C. Conversion privileges                 | Yes___ | No___ |

### **GROUP LIFE INSURANCE**

- |   |        |       |
|---|--------|-------|
| 1. Defining group life insurance                          | Yes___ | No___ |
| 2. Eligibility requirements                               | Yes___ | No___ |
| A. Employee   | Yes___ | No___ |
| B. Dependents   | Yes___ | No___ |
| 3. Amount of coverage                                     | Yes___ | No___ |
| 4. Contributory or noncontributory plan                   | Yes___ | No___ |
| 5. Conversion privileges after termination for any reason | Yes___ | No___ |
| 6. Accidental death or dismemberment insurance rider      | Yes___ | No___ |
| 7. Coverage of life insurance after employee's retirement | Yes___ | No___ |

### **GROUP ACCIDENT AND SICKNESS INSURANCE (Salary Continuance)**

- |   |        |       |
|---|--------|-------|
| 1. Employee eligible for coverage       | Yes___ | No___ |
| A. Nonexempt                            | Yes___ | No___ |
| B. Exempt                               | Yes___ | No___ |
| 2. Type and amount of benefits provided | Yes___ | No___ |
| 3. Contributory or noncontributory plan | Yes___ | No___ |

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4. Proof of disability Yes\_\_\_\_ No\_\_\_\_
5. Re-employment obligations for employee Yes\_\_\_\_ No\_\_\_\_

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6. Insurance continuation during excused absences Yes\_\_\_ No\_\_\_

### **PROFIT-SHARING PLANS**

1. Current profit-sharing plans Yes\_\_\_ No\_\_\_

A. Cash plans Yes\_\_\_ No\_\_\_

(1) Defining net profits for purposes of the cash plan Yes\_\_\_ No\_\_\_

(2) Defining the distribution formula Yes\_\_\_ No\_\_\_

(3) Frequency of distributing profit-sharing earnings Yes\_\_\_ No\_\_\_

B. Wage dividend plans Yes\_\_\_ No\_\_\_

(1) Defining net profits for purposes of wage dividend plan Yes\_\_\_ No\_\_\_

(2) Defining the distribution formula Yes\_\_\_ No\_\_\_

(3) Frequency of distributing profit-sharing earnings Yes\_\_\_ No\_\_\_

C. Production-sharing or cost-saving plans Yes\_\_\_ No\_\_\_

2. Deferred profit-sharing plans Yes\_\_\_ No\_\_\_

A. Defining "profit" in plan Yes\_\_\_ No\_\_\_

B. Eligibility requirements Yes\_\_\_ No\_\_\_

C. Percentage of profits which will be distributed Yes\_\_\_ No\_\_\_

D. Description of distribution formula Yes\_\_\_ No\_\_\_

E. How and when benefits will be distributed to employees Yes\_\_\_ No\_\_\_

F. Contributory or noncontributory plan Yes\_\_\_ No\_\_\_

G. Description of how plan will be administered Yes\_\_\_ No\_\_\_

### **RETIREMENT PLAN**

1. Type of funding arrangement Yes\_\_\_ No\_\_\_

A. Group annuities Yes\_\_\_ No\_\_\_

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- |    |  |        |       |
|----|--|--------|-------|
| B. | Individual policy                              | Yes___ | No___ |
| C. | Group life retirement plan                     | Yes___ | No___ |
| D. | Uninsured or self-administered plan            | Yes___ | No___ |
| E. | Deposit administration plan                    | Yes___ | No___ |
| F. | Self-administered and insured combination plan | Yes___ | No___ |
| 2. | Contributory or noncontributory plan           | Yes___ | No___ |
| 3. | Employee eligibility requirements              | Yes___ | No___ |
| 4. | Retirement age requirements'                   | Yes___ | No___ |
| 5. | Amount of retirement benefits                  | Yes___ | No___ |
| 6. | Description of retirement benefit formulas     | Yes___ | No___ |
| 7. | Vesting rights of employees                    | Yes___ | No___ |
| 8. | Death and disability benefits                  | Yes___ | No___ |

### **BONUSES**

- |    |   |        |       |
|----|---|--------|-------|
| 1. | Discretionary year-end and Christmas bonuses                                    | Yes___ | No___ |
| 2. | Nondiscretionary production-incentive bonus plans                               | Yes___ | No___ |
| A. | Method of paying overtime compensation on production and incentive-type bonuses | Yes___ | No___ |

### **OTHER BENEFIT PLANS**

- |    |                                       |        |       |
|----|---------------------------------------|--------|-------|
| 1. | Severance pay plan                    | Yes___ | No___ |
| 2. | Unemployment insurance                | Yes___ | No___ |
| 3. | Worker's Compensation                 | Yes___ | No___ |
| 4. | Social Security benefits and payments | Yes___ | No___ |
| 5. | Physical examinations                 | Yes___ | No___ |
| 6. | Legal assistance                      | Yes___ | No___ |

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- |     |                                      |        |       |
|-----|--------------------------------------|--------|-------|
| 7.  | Financial planning                   | Yes___ | No___ |
| 8.  | Group auto and homeowners' insurance | Yes___ | No___ |
| 9.  | Vision care                          | Yes___ | No___ |
| 10. | Long-term nursing care               | Yes___ | No___ |
| 11. | On-site child care                   | Yes___ | No___ |
| 12. | Elder care                           | Yes___ | No___ |
| 13. | Tuition/basic education assistance   | Yes___ | No___ |
| 14. | Flex time                            | Yes___ | No___ |
| 15. | Job sharing                          | Yes___ | No___ |

### **EMPLOYEE SERVICES, RECOGNITION, AND PRIVILEGES**

- |     |                                       |        |       |
|-----|---------------------------------------|--------|-------|
| 1.  | Length of service awards              | Yes___ | No___ |
| 2.  | Employee discounts                    | Yes___ | No___ |
| 3.  | Employee loans and advances           | Yes___ | No___ |
| 4.  | Credit union                          | Yes___ | No___ |
| 5.  | Employee food services                | Yes___ | No___ |
| 6.  | Employee counseling                   | Yes___ | No___ |
| 7.  | Financial aid for commuting employees | Yes___ | No___ |
| 8.  | Medical services on the premises      | Yes___ | No___ |
| 9.  | Safety shoes                          | Yes___ | No___ |
| 10. | Recreation programs                   | Yes___ | No___ |
| 11. | Employee charge accounts              | Yes___ | No___ |
| 12. | Employee uniforms                     | Yes___ | No___ |
| 13. | Charitable contributions              | Yes___ | No___ |



## Personnel Policy & Procedures Manual Checklist

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### Seniority, Promotions, Transfers, and Layoffs

Our Policy Manual Should Cover

#### SENIORITY

- |  |        |       |
|--|--------|-------|
| 1. Defining types or units of seniority. | Yes___ | No___ |
| 2. Exceptions to seniority.              | Yes___ | No___ |
| 3. How seniority can be lost.            | Yes___ | No___ |
| 4. Accumulation of seniority.            | Yes___ | No___ |
| 5. How seniority works.                  | Yes___ | No___ |
| A. Layoffs.                              | Yes___ | No___ |
| B. Recall.                               | Yes___ | No___ |
| C. Promotions-demotions.                 | Yes___ | No___ |
| D. Transfers.                            | Yes___ | No___ |
| E. Overtime work distribution.           | Yes___ | No___ |
| F. Vacation scheduling.                  | Yes___ | No___ |
| 6. Seniority lists.                      | Yes___ | No___ |
| 7. Seniority by classification.          | Yes___ | No___ |
| A. Stewards--union officials.            | Yes___ | No___ |
| B. Supervision.                          | Yes___ | No___ |
| C. Employees on strike.                  | Yes___ | No___ |
| D. Uniformed service veterans.           | Yes___ | No___ |
| 8. Job bidding procedure.                | Yes___ | No___ |

#### PROMOTIONS

- |                                 |        |       |
|---------------------------------|--------|-------|
| 9. Defining types of promotions | Yes___ | No___ |
|---------------------------------|--------|-------|

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- |  |        |        |
|--|--------|--------|
| 10. Performance reviews.                   | Yes___ | No ___ |
| 11. Ability, skill, and length of service. | Yes___ | No ___ |
| 12. How promotion affects seniority.       | Yes___ | No ___ |
| 13. How promotion affects pay.             | Yes___ | No ___ |

### TRANSFERS

- |   |        |        |
|---|--------|--------|
| 14. Definitions of transfer.                                  | Yes___ | No ___ |
| 15. Procedure for employee wanting transference.              | Yes___ | No ___ |
| 16. Procedure for an employer initiating employee transferal. | Yes___ | No ___ |
| 17. Transfers within department.                              | Yes___ | No ___ |
| 18. Transfers outside department.                             | Yes___ | No ___ |
| 19. Transfers outside bargaining unit.                        | Yes___ | No ___ |
| 20. Transfers and bumping procedure.                          | Yes___ | No ___ |
| 21. How transfers affect seniority.                           | Yes___ | No ___ |
| 22. How transfers affect pay.                                 | Yes___ | No ___ |

### LAYOFFS

- |   |        |        |
|---|--------|--------|
| 23. Definitions-temporary and permanent layoffs.                  | Yes___ | No ___ |
| 24. Reasons for layoffs.  | Yes___ | No ___ |
| 25. Advance notice of layoffs.                                    | Yes___ | No ___ |
| 26. How seniority will be affected by short or prolonged layoffs. | Yes___ | No ___ |
| 27. Effect of layoff on employee benefits.                        | Yes___ | No ___ |
| 28. Layoff procedure.   | Yes___ | No ___ |
| 29. Recall procedure.   | Yes___ | No ___ |
| 30. Income Assistance Plan.                                       | Yes___ | No ___ |

## Personnel Policy & Procedures Manual Checklist

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### Conduct, Discipline, and Termination

Our Policy Manual Should Cover:

#### Safety Rules

1. Must rules be submitted to the union before they can become effective? Yes \_\_\_ No \_\_\_
  - A. For notification purposes only Yes \_\_\_ No \_\_\_
  - B. For union approval Yes \_\_\_ No \_\_\_
2. Can rules be added, revised or withdrawn at any time? Yes \_\_\_ No \_\_\_
  - A. At management's discretion and judgment Yes \_\_\_ No \_\_\_
  - B. If organized, after notifying the union Yes \_\_\_ No \_\_\_
  - C. If organized, by joint agreement with the union Yes \_\_\_ No \_\_\_
3. How rules are to be publicized Yes \_\_\_ No \_\_\_
  - A. Employee handbook Yes \_\_\_ No \_\_\_
  - B. Bulletins and bulletin boards Yes \_\_\_ No \_\_\_
  - C. Labor agreements Yes \_\_\_ No \_\_\_
  - D. Employee publications Yes \_\_\_ No \_\_\_
  - E. Special rule book Yes \_\_\_ No \_\_\_
  - F. Individual meetings with immediate supervisor Yes \_\_\_ No \_\_\_
4. Type of penalty given employees for rule violations Yes \_\_\_ No \_\_\_
  - A. Penalty to be at the discretion of foreman and immediate superior Yes \_\_\_ No \_\_\_
  - B. If organized, penalty to be determined by mutual consent of management and employee or union representatives Yes \_\_\_ No \_\_\_

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- C. Penalty determined by a disciplinary committee composed of management and employee or union representatives Yes \_\_\_ No \_\_\_
- D. Penalty determined by specific guidelines in writing according to seriousness of violation Yes \_\_\_ No \_\_\_
5. Type of disciplinary action Yes \_\_\_ No \_\_\_
- A. Oral reprimand--warning Yes \_\_\_ No \_\_\_
- B. Written reprimand--warning Yes \_\_\_ No \_\_\_
- C. Disciplinary layoff Yes \_\_\_ No \_\_\_
- D. Loss of special privileges Yes \_\_\_ No \_\_\_
- E. Demotion Yes \_\_\_ No \_\_\_
- F. Fine Yes \_\_\_ No \_\_\_
- G. Loss of seniority Yes \_\_\_ No \_\_\_
- H. Discharge Yes \_\_\_ No \_\_\_
6. If organized, shall the union have the right to appeal any disciplinary action taken by management? Yes \_\_\_ No \_\_\_
7. If not organized, does the employee have the right to appeal any disciplinary action taken through a nonunion grievance procedure? Yes \_\_\_ No \_\_\_
8. Shall disciplinary policy provide that after a period of time previous written reprimands or other disciplinary action on file will become void, giving the employee a clean slate for the future? Yes \_\_\_ No \_\_\_
9. Procedure for supervisors to follow in administering discipline verbally and in writing. Yes \_\_\_ No \_\_\_

### DISCHARGE POLICY AND PROCEDURE

1. Description of misconduct which warrants the discharge of employees immediately without prior warning Yes \_\_\_ No \_\_\_

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2. Policy providing employee to be suspended before a discharge is made final and effective Yes \_\_\_ No \_\_\_
3. Policy stating that management has the right to determine what is cause for immediate discharge Yes \_\_\_ No \_\_\_
4. Policy and procedure to be followed in issuing written warnings in less severe types of disciplinary action before discharge Yes \_\_\_ No \_\_\_
5. Requirements on documenting discharge without notice Yes \_\_\_ No \_\_\_
  - A. To be given to employee Yes \_\_\_ No \_\_\_
  - B. To be given to union Yes \_\_\_ No \_\_\_
  - C. To be given to Human Resource office for employee's personnel file Yes \_\_\_ No \_\_\_
6. Policy on when termination of employment notice is to be given Yes \_\_\_ No \_\_\_
  - A. Minimum period prior to discharge Yes \_\_\_ No \_\_\_
  - B. At time of discharge Yes \_\_\_ No \_\_\_
  - C. Within a specified period of time following discharge Yes \_\_\_ No \_\_\_
7. Type of form of termination notice--oral or written Yes \_\_\_ No \_\_\_
8. Contents of termination notice Yes \_\_\_ No \_\_\_
9. Policy providing that all discharges are subject to final approval and authorization of supervisor's immediate superior. Yes \_\_\_ No \_\_\_
10. Policy on providing discharged employees with dismissal or severance pay Yes \_\_\_ No \_\_\_
  - A. Eligibility requirements for dismissal or severance pay including reason for discharge Yes \_\_\_ No \_\_\_
  - B. Amount of severance or dismissal pay-- minimum and maximum Yes \_\_\_ No \_\_\_

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- C. Policy statement providing inclusion or exclusion of monies due employee from contributions to benefit plans in determining maximum amount of severance pay Yes \_\_\_\_ No \_\_\_\_
- D. Policy on making all necessary tax deductions from severance pay Yes \_\_\_\_ No \_\_\_\_
- E. Policy on giving severance pay based upon giving or not giving advance notice of termination Yes \_\_\_\_ No \_\_\_\_
- 11. Policy on performing exit interviews Yes \_\_\_\_ No \_\_\_\_
- 12. Policy on discharges being subject to grievance procedure Yes \_\_\_\_ No \_\_\_\_
- 13. Policy on reinstating employees if the employer is found to be in error through grievance procedure Yes \_\_\_\_ No \_\_\_\_
- 14. Policy on reinstated employee being eligible for back pay for time lost Yes \_\_\_\_ No \_\_\_\_
- 15. Policy of COBRA extension of benefits administration Yes \_\_\_\_ No \_\_\_\_

### **RESIGNATION POLICY AND PROCEDURE**

- 1. Policy statement requiring or not requiring employee notice of intent to resign Yes \_\_\_\_ No \_\_\_\_
  - A. Verbal or written notification and time limit Yes \_\_\_\_ No \_\_\_\_
- 2. Policy on a penalty provided for failure to notify the employer of intent to resign Yes \_\_\_\_ No \_\_\_\_
  - A. No recommendation Yes \_\_\_\_ No \_\_\_\_
  - B. Loss of severance or dismissal pay Yes \_\_\_\_ No \_\_\_\_
- 3. Policy on issuing letters of reference for terminated employees Yes \_\_\_\_ No \_\_\_\_
- 4. Policy on providing employees who quit or resign with termination form describing reason for termination Yes \_\_\_\_ No \_\_\_\_

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### Complaint and Grievance Procedures

1. Defining the term "grievance." Yes\_\_\_ No \_\_\_
  - A. What is a grievance? Yes\_\_\_ No \_\_\_
  - B. What is not a grievance? Yes\_\_\_ No \_\_\_
2. Steps to be followed in the grievance procedure. Yes\_\_\_ No \_\_\_
  - A. Number of steps or levels in the procedure. Yes\_\_\_ No \_\_\_
  - B. Defining the parties involved at each step of the procedure. Yes\_\_\_ No \_\_\_
3. If unionized, can individual employee take a grievance to arbitration? Yes\_\_\_ No \_\_\_
4. Will policy permit union the right to participate in case it does not support? Yes\_\_\_ No \_\_\_
5. Defining time intervals for each step of the procedure in which a decision is to be made and between each step of the procedure. Yes\_\_\_ No \_\_\_
6. Policy stating that a grievance will be considered settled if not presented to next higher step within established time limits. Yes\_\_\_ No \_\_\_
7. Policy requiring grievances to be written out. Yes\_\_\_ No \_\_\_
  - A. Recommended form and number of copies. Yes\_\_\_ No \_\_\_
  - B. Type of information to be included in written grievance. Yes\_\_\_ No \_\_\_
8. If organized, policy statement defining union representatives who have the right to investigate and assist in the settlement of employee grievances at various steps of the procedure. Yes\_\_\_ No \_\_\_
9. Policy setting forth the establishment of a joint committee for settling grievances that cannot be settled at the first or second step of the procedure. Yes\_\_\_ No \_\_\_
  - A. Representation of members on committee. Yes\_\_\_ No \_\_\_

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- B. Method of making a decision as to settlement. Yes\_\_\_ No \_\_\_
- C. Requirements for frequency and notification of committee meetings to discuss grievances. Yes\_\_\_ No \_\_\_
10. Policy statement on establishing grievance sessions during workday or after working hours. Yes\_\_\_ No \_\_\_
11. Policy statement on how employees are to be paid for time spent in processing grievances. Yes\_\_\_ No \_\_\_
- A. Employer to make payment and on what computation procedure. Yes\_\_\_ No \_\_\_
- B. Union to make payment and on what computation procedure. Yes\_\_\_ No \_\_\_
12. Payment for time spent in processing grievances to apply under which situations? Yes\_\_\_ No \_\_\_
- A. Grievance sessions during working hours. Yes\_\_\_ No \_\_\_
- B. Grievance sessions after working hours. Yes\_\_\_ No \_\_\_
- C. Grievance sessions at specific steps of the grievance procedure. Yes\_\_\_ No \_\_\_
- D. Grievance session called only by the management. Yes\_\_\_ No \_\_\_
13. If organized, policy statement designed to prevent union representatives from abusing time employee grievances. Yes\_\_\_ No \_\_\_
- A. Excessive time spent on processing grievances. Yes\_\_\_ No \_\_\_
- B. Interfering with the work of other employees and production activity. Yes\_\_\_ No \_\_\_
- C. Limitation on the number of employee union representatives eligible to participate on any one grievance. Yes\_\_\_ No \_\_\_
14. Policy statement requiring employee union representatives to obtain prior approval from supervisor before leaving their work station or department. Yes\_\_\_ No \_\_\_



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15. Policy statement requiring employee union representatives to obtain prior approval of supervisor in charge of department which representatives wish to investigate the grievance. Yes \_\_\_ No \_\_\_
16. If arbitration is final step of grievance procedure, policy statement to define how many arbitrators involved at final steps. Yes \_\_\_ No \_\_\_
- A. Individual arbitrator or panel of arbitrators. Yes \_\_\_ No \_\_\_
17. Policy statement defining how arbitrators are to be selected. Yes \_\_\_ No \_\_\_
18. Policy statement describing arbitrator's decision as final and binding on both parties. Yes \_\_\_ No \_\_\_
19. Policy on who shall pay arbitrator's fee. Yes \_\_\_ No \_\_\_
20. Policy to encourage constructive suggestions and reward those suggestions that are accepted. Yes \_\_\_ No \_\_\_

### Employment Expenses and Reimbursement

Our Policy Manual Should Cover:

#### RELOCATION

1. Management relocation Yes \_\_\_ No \_\_\_
2. Nonmanagement relocation Yes \_\_\_ No \_\_\_
3. New hire relocation Yes \_\_\_ No \_\_\_
4. Pre-move expenses Yes \_\_\_ No \_\_\_
5. Sale of old residence Yes \_\_\_ No \_\_\_
- A. Company purchase Yes \_\_\_ No \_\_\_
- B. Company assistance--real estate firm Yes \_\_\_ No \_\_\_
- C. Closing costs Yes \_\_\_ No \_\_\_
6. Purchase of new residence Yes \_\_\_ No \_\_\_
- A. Bridge loan Yes \_\_\_ No \_\_\_

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- |                                  |         |        |
|----------------------------------|---------|--------|
| B. Mortgage differential         | Yes ___ | No ___ |
| C. Closing costs                 | Yes ___ | No ___ |
| D. Miscellaneous allowance       | Yes ___ | No ___ |
| 7. House hunting trips           | Yes ___ | No ___ |
| 8. Temporary living expenses     | Yes ___ | No ___ |
| 9. Household moving expenses     | Yes ___ | No ___ |
| 10. Use of personal automobile   | Yes ___ | No ___ |
| 11. Explanation of tax liability | Yes ___ | No ___ |
| 12. "Gross-up" procedure         | Yes ___ | No ___ |
| 13. Authorization required       | Yes ___ | No ___ |
| 14. Expense reports              | Yes ___ | No ___ |
| 15. Receipts required            | Yes ___ | No ___ |

### **BUSINESS TRIPS**

- |                          |         |        |
|--------------------------|---------|--------|
| 1. Travel advance        | Yes ___ | No ___ |
| 2. Travel authorization  | Yes ___ | No ___ |
| 3. Rental automobile     | Yes ___ | No ___ |
| 4. Personal automobile   | Yes ___ | No ___ |
| 5. Spouse/family travel  | Yes ___ | No ___ |
| 6. Meal allowance        | Yes ___ | No ___ |
| 7. Air travel            | Yes ___ | No ___ |
| 8. Nonallowable expenses | Yes ___ | No ___ |
| 9. Travel expense report | Yes ___ | No ___ |
| 10. Receipts required    | Yes ___ | No ___ |

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### **OTHER EXPENSE SUBJECTS**

- |   |         |        |
|---|---------|--------|
| 1. Payment of employment expenses                       | Yes ___ | No ___ |
| 2. Temporary assignment expenses                        | Yes ___ | No ___ |
| 3. Automobile usage                                     | Yes ___ | No ___ |
| 4. Customer entertaining                                | Yes ___ | No ___ |
| 5. Meal reimbursement                                   | Yes ___ | No ___ |
| 6. Membership in clubs and civic organizations          | Yes ___ | No ___ |
| 7. Participation in trade and professional associations | Yes ___ | No ___ |

### **Miscellaneous Policies and Procedures**

Our Policy Manual Should Cover:

### **HEALTH AND SAFETY CHECKLIST**

- |   |         |        |
|---|---------|--------|
| 1. Is there a dispensary or first aid station?  | Yes ___ | No ___ |
| A. Company operated   | Yes ___ | No ___ |
| B. Outside source   | Yes ___ | No ___ |
| C. Nurse in attendance  | Yes ___ | No ___ |
| D. Physician in attendance  | Yes ___ | No ___ |
| E. Ambulance service available in case of emergency   | Yes ___ | No ___ |
| F. Accurate records made of employee contacts:  | Yes ___ | No ___ |
| (1) Health  | Yes ___ | No ___ |
| (2) Accident  | Yes ___ | No ___ |
| (3) General   | Yes ___ | No ___ |
| G. Request employees to use dispensary when necessary?<br>(A properly equipped first aid station with a trained nurse or physician in attendance often prevents loss of production time by preventing a slight cut or scratch |         |        |

## Personnel Policy & Procedures Manual Checklist

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- from becoming infected. Arrangements can often be made for ambulance service in case of emergency). Yes \_\_\_\_ No \_\_\_\_
2. Are there arrangements for medical services? Yes \_\_\_\_ No \_\_\_\_
- A. Entrance physical examination. (Often uncovers handicap unknown to new employee which can be medically corrected.) Yes \_\_\_\_ No \_\_\_\_
- B. Periodic physical examination for all workers. (Often prevents long absence by location of trouble and prompt treatment. Also makes known any contagious development.) Yes \_\_\_\_ No \_\_\_\_
- C. Medical examination for employees returning to work from:
- (1) Brief absence. (Determines if employee is able to work) Yes \_\_\_\_ No \_\_\_\_
- (2) Long or repeated illness. (May locate cause of repeated illness) Yes \_\_\_\_ No \_\_\_\_
- D. Vaccination and inoculation services. (To prevent spread of contagious diseases) Yes \_\_\_\_ No \_\_\_\_
- E. Distribution of vitamin preparations. (Used as a builder to prevent illness and disease) Yes \_\_\_\_ No \_\_\_\_
- F. Distribution of salt tablets. (To build chemical needs of body lost through perspiration) Yes \_\_\_\_ No \_\_\_\_
- G. Visiting nurse services. (May locate and correct causes of sickness and thereby prevent absenteeism from this cause) Yes \_\_\_\_ No \_\_\_\_
3. Is there a safety and accident prevention program? Yes \_\_\_\_ No \_\_\_\_
- A. Safety engineer Yes \_\_\_\_ No \_\_\_\_
- B. Committee Yes \_\_\_\_ No \_\_\_\_
- C. A specific written program Yes \_\_\_\_ No \_\_\_\_

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- D. Are records kept of all accidents Yes \_\_\_ No \_\_\_
- (1) Analyzed to determine causes? Yes \_\_\_ No \_\_\_
- (2) Analyzed by department and shift? Yes \_\_\_ No \_\_\_
- (3) Is the cause analyzed to determine methods to prevent recurrences? Yes \_\_\_ No \_\_\_
- (4) Is a report made to top management showing: Yes \_\_\_ No \_\_\_
- a. Accidents and causes? Yes \_\_\_ No \_\_\_
- b. Progress in accident prevention program? (Facts must be compiled and causes analyzed by department and shift before corrective measures can be attempted.) Yes \_\_\_ No \_\_\_
- E. Is a periodic check made on all safety devices? (This may detect faulty equipment before an accident occurs.) Yes \_\_\_ No \_\_\_
4. Are safety rules and practices explained to new employees as they apply to each particular job? Yes \_\_\_ No \_\_\_
5. Does company make use of first aid training? Yes \_\_\_ No \_\_\_
- A. Have any employees taken courses in first aid Yes \_\_\_ No \_\_\_
- B. Is first aid practice provided for in the establishment Yes \_\_\_ No \_\_\_
6. Is the health and safety program designed to make all employees "good health and safety" conscious? Yes \_\_\_ No \_\_\_
7. Do we insist that (when indicated) workers must not wear bracelets, rings, and other jewelry around machines? Yes \_\_\_ No \_\_\_
8. Do we require workers to wear (when indicated) safe wearing apparel and hair covering? Yes \_\_\_ No \_\_\_
9. Does the company investigate the possibility of:
- A. Fatigue due to too long working periods Yes \_\_\_ No \_\_\_
- B. Fatigue due to inadequate food Yes \_\_\_ No \_\_\_

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- C. Need for accommodation of some employees Yes \_\_\_ No \_\_\_
- D. Excessive physical effort Yes \_\_\_ No \_\_\_
- E. Undue exposure (Continuous fatigue may eventually result in illness. This means a loss of productive time. Re-engineering of jobs may reduce fatigue.) Yes \_\_\_ No \_\_\_
10. Do we have adequate facilities for comfort? Yes \_\_\_ No \_\_\_
- A. Sanitary facility Yes \_\_\_ No \_\_\_
- B. Matron service Yes \_\_\_ No \_\_\_
- C. Good housekeeping (Consideration should be given to these factors to help safety and health program.) Yes \_\_\_ No \_\_\_
11. Guidelines for access to medical records Yes \_\_\_ No \_\_\_
- A. By employees Yes \_\_\_ No \_\_\_
- B. Other interested parties Yes \_\_\_ No \_\_\_

### SECURITY

1. Guard force Yes \_\_\_ No \_\_\_
- A. Employees of company Yes \_\_\_ No \_\_\_
- B. Contract services Yes \_\_\_ No \_\_\_
- C. Provided by lessee Yes \_\_\_ No \_\_\_
2. Emergency procedures Yes \_\_\_ No \_\_\_
- A. Medical Yes \_\_\_ No \_\_\_
- B. Fire Yes \_\_\_ No \_\_\_
- C. Weather Yes \_\_\_ No \_\_\_
- D. Work stoppage Yes \_\_\_ No \_\_\_
3. Fire drills--frequency? Yes \_\_\_ No \_\_\_

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- |  |         |        |
|--|---------|--------|
| 4. Security incident report              | Yes ___ | No ___ |
| 5. Entrance/exit procedure for employees | Yes ___ | No ___ |
| 6. Entrance/exit procedure for visitors  | Yes ___ | No ___ |
| 7. Investigative policy                  | Yes ___ | No ___ |

### **BUSINESS ETHICS**

- |  |         |        |
|--|---------|--------|
| 1. Compliance to laws and regulations      | Yes ___ | No ___ |
| 2. Dealing with customers, suppliers, etc. | Yes ___ | No ___ |
| A. Contract negotiations                   | Yes ___ | No ___ |
| B. Product quality                         | Yes ___ | No ___ |
| C. Information from competitors            | Yes ___ | No ___ |
| D. Costs/timecard and reporting            | Yes ___ | No ___ |
| E. Hiring restrictions                     | Yes ___ | No ___ |
| 3. Company resources                       | Yes ___ | No ___ |
| A. Political contributions                 | Yes ___ | No ___ |
| B. Business gifts                          | Yes ___ | No ___ |
| C. U.S. Government regulations             | Yes ___ | No ___ |
| D. Relations with foreign officials        | Yes ___ | No ___ |
| E. Financial responsibility                | Yes ___ | No ___ |
| 4. Conflict of interest                    | Yes ___ | No ___ |
| 5. Insider trading                         | Yes ___ | No ___ |
| 6. Acceptance of business gifts, etc.      | Yes ___ | No ___ |
| 7. Restricted company information          | Yes ___ | No ___ |
| 8. Classified information                  | Yes ___ | No ___ |
| 9. Reporting violations                    | Yes ___ | No ___ |

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10. Discipline procedures Yes \_\_\_\_ No \_\_\_\_

### **PERSONAL COMPUTERS AND SOFTWARE**

1. Access to PCs authorization to use Yes \_\_\_\_ No \_\_\_\_

2. Control of data (programs, files, etc.) Yes \_\_\_\_ No \_\_\_\_

3. Record of PC use Yes \_\_\_\_ No \_\_\_\_

4. Security of files (backup, etc.) Yes \_\_\_\_ No \_\_\_\_

5. Loan of PCs to employees Yes \_\_\_\_ No \_\_\_\_

6. Safeguarding equipment/software Yes \_\_\_\_ No \_\_\_\_

7. Training on PC use Yes \_\_\_\_ No \_\_\_\_

8. Access to company files/records Yes \_\_\_\_ No \_\_\_\_

### **OSHA-HAZARD COMMUNICATION STANDARD**

1. Notices to employees--where, etc. Yes \_\_\_\_ No \_\_\_\_

2. Inventory of all chemicals Yes \_\_\_\_ No \_\_\_\_

3. Identification of hazardous substances Yes \_\_\_\_ No \_\_\_\_

4. Material Safety Data Sheets (MSDS) Yes \_\_\_\_ No \_\_\_\_

A. Availability to employees Yes \_\_\_\_ No \_\_\_\_

B. Availability to others Yes \_\_\_\_ No \_\_\_\_

5. Labeling requirements Yes \_\_\_\_ No \_\_\_\_

6. Training requirements Yes \_\_\_\_ No \_\_\_\_

7. Hazardous substance spill clean-up procedures Yes \_\_\_\_ No \_\_\_\_

8. Coverage of contractors (sub-contractors) Yes \_\_\_\_ No \_\_\_\_

9. Record retention requirements Yes \_\_\_\_ No \_\_\_\_



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### OTHER MISCELLANEOUS POLICIES/PROCEDURES

- |  |         |        |
|--|---------|--------|
| 1. Loan of company equipment/supplies to employees                               | Yes ___ | No ___ |
| 2. Smoking policy  | Yes ___ | No ___ |
| A. No smoking areas  | Yes ___ | No ___ |
| B. Designated smoking areas  | Yes ___ | No ___ |
| 3. Company bulletin boards and contents  | Yes ___ | No ___ |
| 4. Telephone usage by employees  | Yes ___ | No ___ |
| 5. E-Mail  | Yes ___ | No ___ |
| 6. Other employment  | Yes ___ | No ___ |
| 7. Company keys  | Yes ___ | No ___ |
| 8. Expressions of sympathy by company  | Yes ___ | No ___ |
| 9. Contract personnel and services   | Yes ___ | No ___ |
| 10. Press releases   | Yes ___ | No ___ |
| 11. Personnel records  | Yes ___ | No ___ |
| A. Requirements to update  | Yes ___ | No ___ |
| B. What they should/should not contain   | Yes ___ | No ___ |
| C. Providing access to employees   | Yes ___ | No ___ |
| D. What information is to be provided to employee                                | Yes ___ | No ___ |
| 12. Requests for employee information  | Yes ___ | No ___ |
| A. Written requests  | Yes ___ | No ___ |
| B. Telephone requests  | Yes ___ | No ___ |
| C. Requests from government agencies--federal, state, county, unemployment, etc. | Yes ___ | No ___ |

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- |  |          |         |
|--|----------|---------|
| D. Requests from tax units                           | Yes ____ | No ____ |
| E. Requests from courts and law enforcement agencies | Yes ____ | No ____ |
| F. Subpoena  | Yes ____ | No ____ |
| G. Employee release                                  | Yes ____ | No ____ |
| 13. Company confidential information                 | Yes ____ | No ____ |
| 14. Employee agreements                              | Yes ____ | No ____ |
| A. Not to compete                                    | Yes ____ | No ____ |
| B. Inventions, patents, etc.                         | Yes ____ | No ____ |
| 15. Company Property Escrow Account                  | Yes ____ | No ____ |
| 16. Guidelines on Solicitation and Distribution      | Yes ____ | No ____ |

### ALCOHOL/DRUG ABUSE

- |  |          |         |
|--|----------|---------|
| 1. Possession of drugs/alcohol on company property | Yes ____ | No ____ |
| 2. Requirements of duties                          | Yes ____ | No ____ |
| 3. Definitions--drugs, etc.                        | Yes ____ | No ____ |
| 4. Training for management                         | Yes ____ | No ____ |
| 5. Referral to employee assistance program         | Yes ____ | No ____ |
| 6. Disciplinary procedures                         | Yes ____ | No ____ |
| 7. Searches and investigations                     | Yes ____ | No ____ |
| 8. Drug testing                                    | Yes ____ | No ____ |
| A. Pre-employment                                  | Yes ____ | No ____ |
| B. Promotion/transfer                              | Yes ____ | No ____ |
| C. Company physicals                               | Yes ____ | No ____ |
| D. Investigative                                   | Yes ____ | No ____ |

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- |   |          |         |
|---|----------|---------|
| E. Random testing                       | Yes ____ | No ____ |
| F. Chain of custody requirements        | Yes ____ | No ____ |
| 9. Procedure if drug tests are positive | Yes ____ | No ____ |
| 10. Exams/testing after first tests     | Yes ____ | No ____ |
| 11. Prescription medication             | Yes ____ | No ____ |
| 12. Employee education program          | Yes ____ | No ____ |

### **AIDS**

- |  |          |         |
|--|----------|---------|
| 1. Company philosophy  | Yes ____ | No ____ |
| 2. Group insurance coverages   | Yes ____ | No ____ |
| 3. Legal responsibilities of company                                   | Yes ____ | No ____ |
| 4. Accommodation measures for affected employees                       | Yes ____ | No ____ |
| 5. Education of employees  | Yes ____ | No ____ |
| 6. Confidentiality of information                                      | Yes ____ | No ____ |
| 7. Refusal of nonaffected employee to work with AIDS-affected employee | Yes ____ | No ____ |
| 8. Company and community resources for treatment and counseling        | Yes ____ | No ____ |
| 9. Requirement for medical certification of AIDS-affected employee     | Yes ____ | No ____ |

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

- |   |          |         |
|---|----------|---------|
| 1. Purpose of EAP                                     | Yes ____ | No ____ |
| 2. Who provides services (company vs. outside agency) | Yes ____ | No ____ |
| 3. Guidelines for availability                        | Yes ____ | No ____ |
| A. What problems are covered                          | Yes ____ | No ____ |

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- |     |   |          |         |
|-----|---|----------|---------|
| B.  | How to receive help-who to contact            | Yes ____ | No ____ |
| C.  | Who covered--employee, family, etc.           | Yes ____ | No ____ |
| D.  | Cost to employee/family                       | Yes ____ | No ____ |
| E.  | Coordination with group health plan           | Yes ____ | No ____ |
| 4.  | Responsibilities of employee                  | Yes ____ | No ____ |
| 5.  | Responsibilities of immediate supervisor      | Yes ____ | No ____ |
| 6.  | Responsibilities of EAP Coordinator           | Yes ____ | No ____ |
| 7.  | Confidentiality of information                | Yes ____ | No ____ |
| 8.  | Coordination with disciplinary policies       | Yes ____ | No ____ |
| 9.  | Effect upon other company policies/procedures | Yes ____ | No ____ |
| 10. | Education of manager/supervisors              | Yes ____ | No ____ |
| 11. | Education of employees/families               | Yes ____ | No ____ |