



# **Employee Handbook**

# **Development Checklist**

**SESCO Management Consultants**

**P.O. Box 1848**

**Bristol, Tennessee 37621**

**(423) 764-4127**

**(423) 764-5869 (Fax)**

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## *SESCO's Employee Handbook Development Checklist*

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### **SESCO'S HANDBOOK PROCESS**

1. Complete *SESCO's Employee Handbook Development Checklist* to custom develop your first draft. This is a working guide, which we will use in conjunction with any of your present policies.
2. A custom draft will be forwarded to you in approximately two to four weeks. This draft will reflect all of the input provided to us, plus some additional policies we think that you might consider, as well as appropriate policies for federal and state governmental requirements.
3. After reviewing the first draft, you will provide us with your observations, recommendations, and changes by red-inking the draft copy and returning it to us. Carefully noting these exceptions, we will provide a second draft and forward it to you.
4. Upon receipt of the second draft and most certainly by the third draft, the handbook will be very close to being completed. We will carry it through to its completion. The ultimate document will be a camera-ready copy, ready for duplication by whatever means you deem appropriate. SESCO, agrees to reproduce the handbook at our cost.

SESCO will also provide guidelines for distributing your new Employee Handbook and offers on-site assistance to meet with your management team to discuss the new Employee Handbook and their role as agents of the organization. Management needs to understand the purpose of the handbook, technical and regulatory issues and be supportive of the tool and how it assists them in their day-to-day responsibilities.

Return the completed checklist to: SESCO Management Consultants  
Attn: Handbook Processing Center  
P.O. Box 1848  
Bristol, TN 37620

or via return email as noted

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***SESCO's Employee Handbook  
Development Questionnaire***

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

How should company name appear in print? \_\_\_\_\_

Number of Employees? Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Address(es) of other locations: \_\_\_\_\_

States with facilities and/or employees? \_\_\_\_\_

Employees per location/state? \_\_\_\_\_ "Field" employees? \_\_\_\_\_

Union representation? Yes \_\_\_ No \_\_\_ If yes, which union(s) \_\_\_\_\_

Previous handbook? Yes \_\_\_ No \_\_\_ (If, yes, forward copy with checklist)

Policy and Procedure Manual? Yes \_\_\_ No \_\_\_ (If yes, forward copy with checklist)

Other written policies? Yes \_\_\_ No \_\_\_ (If yes, forward copy with checklist)

Does your organization have managers/supervisors? Yes \_\_\_ No \_\_\_

How are they referred to? \_\_\_\_\_

How are employees referred to? (employees, associates, etc.) \_\_\_\_\_

Type of Business? \_\_\_\_\_

Non for Profit? Yes \_\_\_ No \_\_\_

- |                               |                              |
|-------------------------------|------------------------------|
| ◆ Goods/Services to Public?   | ◆ State of Local Government? |
| ◆ Specialized Industry?       | ◆ Tax Exempt -- Non-Profit?  |
| ◆ Federal Contractor?         | ◆ Educational Institution?   |
| ◆ Recipient of Federal Funds? | ◆ Religious Organization?    |

**NUMBER OF DRAFT COPIES TO BE SENT:** \_\_\_\_\_

## *SESCO's Employee Handbook Development Checklist*

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### *I. Introductory Material For Employee Handbook*

- | Include In Handbook     | Topic For Consideration   |
|-------------------------|---|
| 1.    Yes ___    No ___ | <b>Welcome by Chief Executive Officer</b> ___<br><b>Manager</b> _____ <b>Administrator</b> ___<br><b>Name</b> _____<br><b>Title</b> _____ |
| 2.    Yes ___    No ___ | <b>Introductory Disclaimer Statements (Includes Employment-At-Will)</b>   |
| 3.    Yes ___    No ___ | <b>The Company's Mission</b> - Attach Brief Statement   |
| 4.    Yes ___    No ___ | <b>Who is the "Company"</b> -- Divisions, Branches, Etc.  |
| 5.    Yes ___    No ___ | <b>The History Of Our Organization</b> -- Attach Brief Summary  |
| 6.    Yes ___    No ___ | <b>An Organizational Chart For Our Company</b> -- Attach Structure  |
| 7.    Yes ___    No ___ | <b>The Ten Commandments of Good Business</b>  |
| 8.    Yes ___    No ___ | <b>What You Can Expect From</b> (Name of Organization)  |

### *II. Employment Policies and Procedures*

- |                         |   |
|-------------------------|---|
| 1.    Yes ___    No ___ | <b>Our Working Relationship</b>   |
| 2.    Yes ___    No ___ | <b>Verification of Eligibility to Work in the United States</b>   |
| 3.    Yes ___    No ___ | <b>Background Checks</b> (State Law Considered)   |
| 4.    Yes ___    No ___ | <b>How And Why You Were Selected</b>  |
| 5.    Yes ___    No ___ | <b>Physical Examinations</b><br>a.    Pre-Employment ___<br>b.    During Employment ___<br>c.    Drug Testing Included ___<br>d.    Employer Paid ___   |
| 6.    Yes ___    No ___ | <b>Introductory</b> ___ <b>Orientation</b> ___ <b>Try-Out</b> ___<br><b>Period Duration</b> ___ days.   |
| 7.    Yes ___    No ___ | <b>The Orientation Program</b> Describe briefly _____<br>_____  |
| 8.    Yes ___    No ___ | <b>Classification of Employees</b> -- Including Definitions of Part-Time and Full-Time<br>a.    No. of Hours Worked Per Week: Full Time ___                      Part Time ___<br>b.    Temporary ___                      Hours or ___ Days/Months |

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- | <b>Include In Handbook</b> | <b>Topic For Consideration</b>   |
|----------------------------|--|
| 9.      Yes ___    No ___  | <b>Statement of Employee's Relationship With Supervisor</b>  |
| 10.     Yes ___    No ___  | <b>A Policy on Equal Employment Opportunity</b>  |
| 11.     Yes ___    No ___  | <b>A Policy on Affirmative Action</b>  |
| 12.     Yes ___    No ___  | <b>A Policy on ADAAA for Individuals with Disabilities including Job Accommodations</b> (Americans with Disabilities Act Amendments Act of 2008) |
| 13.     Yes ___    No ___  | <b>A Policy on Personal On-The-Job</b> (Including Sexual and Disability Harassment)  |
| 14.     Yes ___    No ___  | <b>How Your Seniority Works</b><br><br>a.    Is seniority the major factor regarding promotions, layoffs, etc.?<br>_____                         |
|                            | b.    Is seniority only one of the considerations regarding promotions, layoffs, etc.?<br>_____  |
| 15.     Yes ___    No ___  | <b>Your Opportunities For Advancement/Growth</b><br><br>a.    General Statement _____  |
|                            | b.    Formal Program -- Describe briefly. _____<br>_____<br>_____  |
| 16.     Yes ___    No ___  | <b>Job Vacancy Program</b><br><br>a.    Is formal plan provided? Yes ___    No ___   |
|                            | b.    Priority for disability accommodation transfer? Yes ___    No ___  |
|                            | c.    Is job posting provided? Yes ___    No ___   |
|                            | d.    How many days is notice posted? _____  |
|                            | e.    Is transfer/promotion based on:<br>i)    Seniority? ___  |
|                            | ii)   Qualifications? ___  |
|                            | iii)  Experience? ___  |
|                            | iv)   Past Performance? ___  |
|                            | v)    Attendance? ___  |
|                            | vi)   Cooperation? ___   |
|                            | f.    Disability Accommodation Transfer (Mandatory) _____  |

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- | <b>Include In Handbook</b> | <b>Topic For Consideration</b>  |
|----------------------------|---|
| 17.    Yes ____    No ____ | <b>Job Transfers</b><br>a.    Eligibility Requirements? Yes ____    No ____   |
| 18.    Yes ____    No ____ | <b>Resignations</b> -- How much notice is requested? _____<br>a.    Does employee receive payment for unused vacation/PTO?<br>Yes ____    No ____<br>b.    Only if required notice given? Yes ____    No ____<br>c.    Other payments made on resignation _____<br>_____<br>_____   |
| 19.    Yes ____    No ____ | <b>Termination/Discharge</b> -- How much notice is given? _____<br>a.    Does employee receive payment for unused vacation/PTO?<br>Yes ____    No ____<br>b.    Other payments made on termination _____<br>_____<br>_____  |
| 20.    Yes ____    No ____ | <b>Exit Interview</b> -- Who conducts interview? _____  |
| 21.    Yes ____    No ____ | <b>Statement on Workforce Reductions</b><br>a.    Based on seniority? Yes ____    No ____<br>b.    Qualifications and past performance? Yes ____    No ____<br>c.    Is unused vacation provided? Yes ____    No ____   |
| 22.    Yes ____    No ____ | <b>Re-Employment Policy</b><br>a.    Do not rehire any former employees? ____<br>b.    Consider only those who left in good standing? ____<br>c.    Individual consideration? ____  |
| 23.    Yes ____    No ____ | <b>Recommendations for Former Employees Provided on Request</b><br>a.    Employees must give written authorization for employer to release information? ____<br>b.    Only dates of employment and last job held confirmed? ____<br>c.    References provided as requested by prospective employer in writing?<br>Yes ____    No ____ |
| 24.    Yes ____    No ____ | <b>Employment of Relatives</b><br>a.    Do not hire any relatives? ____<br>b.    Organizational limitations? ____   |



*SESCO's Employee Handbook Development Checklist*

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## *SESCO's Employee Handbook Development Checklist*

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### **Include In Handbook**

### **Topic For Consideration**

4.    Yes \_\_\_\_    No \_\_\_\_    **Any Extra Pay Differential Such as for Working Different Shifts? Explain.**  
\_\_\_\_\_
5.    Yes \_\_\_\_    No \_\_\_\_    **Overtime Hours of Work**  
a.    Paid over 8 hours a day? \_\_\_\_  
b.    Paid over 40 hours a week? \_\_\_\_  
c.    Rate of overtime pay? \_\_\_\_  
d.    Are commissions and bonus earnings considered in the computation of overtime? \_\_\_\_  
e.    Call-In Pay? \_\_\_\_ Rate: \_\_\_\_
6.    Yes \_\_\_\_    No \_\_\_\_    **How Wages and Salaries Are Determined**  
a.    Job Classification \_\_\_\_    d.    Seniority \_\_\_\_  
b.    Skill \_\_\_\_    e.    Economic Conditions \_\_\_\_  
c.    Merit \_\_\_\_    f.    Progression Scale \_\_\_\_
7.    Yes \_\_\_\_    No \_\_\_\_    **Recording of Hours**  
a.    Use of time clocks? Yes \_\_\_\_ No \_\_\_\_  
b.    Recording Time by Hand? Yes \_\_\_\_ No \_\_\_\_  
c.    Employees sign cards at end of week? Yes \_\_\_\_ No \_\_\_\_  
d.    Punching of another's timecard not allowed? Yes \_\_\_\_ No \_\_\_\_  
e.    Restrictions of punching before and after shift? Yes \_\_\_\_ No \_\_\_\_
8.    Yes \_\_\_\_    No \_\_\_\_    **Rest Periods and Meal Periods**  
a.    Formal break periods? Yes \_\_\_\_ No \_\_\_\_    If yes, how long?  
      \_\_\_\_ Minutes in the morning  
      \_\_\_\_ Minutes in the afternoon  
      \_\_\_\_ No formal break, but can get coffee/use restroom when schedule permits  
b.    Scheduled Meal Periods  
      Hourly: \_\_\_\_ Minutes    Salaried: \_\_\_\_ Minutes  
c.    Do employees clock out/in for meal periods? Yes \_\_\_\_ No \_\_\_\_  
d.    Are employees paid for meal period time? Yes \_\_\_\_ No \_\_\_\_

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**Include In Handbook**

**Topic For Consideration**

9.     Yes \_\_\_\_     No \_\_\_\_

**Method and Time of Payment**

-     **Hourly**

How long is pay period?     \_\_\_\_\_     \_\_\_ Week(s)

What day is payday? \_\_\_\_\_

-     **Salaried**

How long is pay period? \_\_\_\_\_     \_\_\_ Week(s)

What day is payday? \_\_\_\_\_

-     **Commissioned**

How long is pay period? \_\_\_\_\_     \_\_\_ Week(s)

What day is payday? \_\_\_\_\_

-     Policy on payment of employee absent on payday.

Will check be held? Yes \_\_\_\_ No \_\_\_\_

Will it be released to another employee or relative if employee authorizes? Yes \_\_\_\_ No \_\_\_\_

Does authorization have to be in writing? Yes \_\_\_\_ No \_\_\_\_

10.    Yes \_\_\_\_    No \_\_\_\_

**Payroll Deductions**

a.    Federal taxes \_\_\_\_    State taxes \_\_\_\_    City taxes \_\_\_\_

b.    Company purchases \_\_\_\_

c.    Garnishments and wage attachments \_\_\_\_

d.    Uniforms \_\_\_\_

e.    Group insurance contributions \_\_\_\_

f.    Credit union \_\_\_\_

g.    Other \_\_\_\_\_

h.    If there is an error in paycheck, when is adjustment made?  
\_\_\_\_\_

i.    Does employee provide written authorization for deductions?

Yes \_\_\_\_ No \_\_\_\_

11.    Yes \_\_\_\_    No \_\_\_\_

**Inclement Weather/Emergency Closing Policy**

a.    Substitution of vacation days allowed? Yes \_\_\_\_ No \_\_\_\_

b.    Can missed time be made up? Yes \_\_\_\_ No \_\_\_\_

c.    Procedure to be followed \_\_\_\_\_  
\_\_\_\_\_



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**Include In Handbook**

**Topic For Consideration**

(Number and Name of Paid Holidays continued)

Independence Day \_\_\_\_ Personal Leave Day(s) \_\_\_\_

Labor Day \_\_\_\_ Floating Holiday \_\_\_\_

Other \_\_\_\_\_

- b. Holidays Falling on Non-Working Day  
 Prior/Next Day Off? \_\_\_\_\_  
 Other? \_\_\_\_\_  
 No additional time given? \_\_\_\_\_

- c. Amount of Holiday Pay and Computation Procedure  
 Hourly-Paid \_\_\_\_  
 Salaried \_\_\_\_  
 Commission Employees \_\_\_\_

- d. Pay for Worked Holidays  
 Straight Time \_\_\_\_ Time and a Half \_\_\_\_  
 Double Time \_\_\_\_ No Additional Pay \_\_\_\_  
 Alternate Day Off \_\_\_\_

- e. If a holiday falls during vacation, is an additional day given?  
 Yes \_\_\_\_ No \_\_\_\_  
 Or an additional day's pay? Yes \_\_\_\_ No \_\_\_\_  
 Either at management's discretion? Yes \_\_\_\_ No \_\_\_\_  
 No additional time or pay? Yes \_\_\_\_ No \_\_\_\_

3. Yes \_\_\_\_ No \_\_\_\_

**Paid Sick Leave**

- a. Number of sick days per year? \_\_\_\_ Days  
 Granted at beginning of year \_\_\_\_  
 Accumulated monthly \_\_\_\_
- b. Amount of sick leave pay  
 Full earnings? \_\_\_\_ Partial earnings? \_\_\_\_
- c. Medical certification required? Yes \_\_\_\_ No \_\_\_\_  
 After \_\_\_\_\_ Day(s)
- d. Annual accumulation of sick leave days  
 Do not accumulate? \_\_\_\_  
 Can accumulate up to \_\_\_\_\_ days
- e. Unused sick leave  
 Carried forward \_\_\_\_\_  
 Paid at end of year \_\_\_\_\_  
 No provision \_\_\_\_\_

4. Yes \_\_\_\_ No \_\_\_\_

**Paid Time Off**

- a. What does PTO include?  
 Vacation \_\_\_\_ Holidays \_\_\_\_  
 Sick Leave \_\_\_\_ Bereavement \_\_\_\_

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### **Include In Handbook**

### **Topic For Consideration**

b. Length of PTO

After \_\_\_ Months \_\_\_ Days

After \_\_\_ Year(s) \_\_\_ Week(s)

After \_\_\_ Years \_\_\_ Weeks

After \_\_\_ Years \_\_\_ Weeks

After \_\_\_ Years \_\_\_ Weeks

c. Rate of PTO Pay

Hourly\_\_\_\_\_

Salaried\_\_\_\_\_

Commission\_\_\_\_\_

d. Scheduling PTO Time

How much notice is required? \_\_\_\_\_ Weeks

e. Is additional time given if illness occurs during PTO?

Yes \_\_\_ No \_\_\_

f. Can PTO be accumulated? Yes \_\_\_ No \_\_\_

Maximum Accrual \_\_\_\_\_

g. Can PTO be taken in half-days? \_\_\_ Full Days? \_\_\_

Full Weeks? \_\_\_ More than one week at a time? \_\_\_

h. Paid for if not used? Yes \_\_\_ No \_\_\_

i. Is PTO determined from:

The employee's anniversary date \_\_\_\_\_

The calendar year \_\_\_\_\_

j. Is unused PTO paid in the event of

Resignation? \_\_\_\_\_ Termination? \_\_\_\_\_

Resignation if notice given? \_\_\_\_\_

No unused vacation paid? \_\_\_\_\_

k. How are conflicts in PTO scheduling handled?

Seniority? \_\_\_\_\_ First Request? \_\_\_\_\_

5. Yes \_\_\_ No \_\_\_

### **Leaves of Absence**

a. Eligibility and procedure for leaves \_\_\_\_\_

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<b>Include In Handbook</b>	<b>Topic For Consideration</b>
	b. Types of leaves granted Disability ___ Personal ___ Family ___ Education ___ Medical ___ Other ___ FMLA ___
	c. Length of Leaves ___ Days ___ Weeks ___ Months
	d. Substitution of paid leave? Yes ___ No ___
	e. Can employee continue insurance coverage? Yes ___ No ___
	f. Does seniority continue? Yes ___ No ___
	g. Reinstatement guaranteed? Yes ___ No ___
6. Yes ___ No ___	<b>Family and Medical Leave Act</b> (if over 50 employees and state specific)
	a. 12 Month Eligibility to Calendar Year Yes ___ No ___ Fiscal Year Yes ___ No ___ Rolling Forward Yes ___ No ___ Rolling Backwards (Recommended) Yes ___ No ___
	b. Do employees have to use and/or vacation earned as part of the 12 week entitlement? Yes ___ No ___
6. Yes ___ No ___	<b>Return to Work Policy</b>
7. Yes ___ No ___	<b>Light Duty Policy</b>
8. Yes ___ No ___	<b>When Do Employees Become Eligible For Benefits</b>
	a. Paid Holidays-Immediately ___ After ___ Days
	b. Group Insurance-Immediately ___ After ___ Days or ___ Months
	c. Pension/Profit Sharing-Immediately ___ Age ___ After ___ Hours and/or ___ Days or ___ Months
	d. Paid Vacations ___ After ___ Months
	e. What benefits are available to part-time employees? None ___ Paid Vacation ___ Paid Holidays ___ Pension/Profit Sharing ___ Group Insurance ___ Other ___









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<b>Include In Handbook</b>	<b>Topic For Consideration</b>
4.    Yes ___    No ___	<b>Telephones</b> a.    Are personal calls allowed? Yes ___ No ___ b.    Emergency calls only? Yes ___ No ___ c.    Allowed during breaks/lunch? Yes ___ No ___ d.    Is personal cell phone use allowed? Yes ___ No ___ e.    Are cell phones provided to certain employees for business use only? Yes ___ No ___
5.    Yes ___    No ___	<b>Statement on Confidential Information</b>
6.    Yes ___    No ___	<b>Statement on Proprietary Information</b>
7.    Yes ___    No ___	<b>Statement on E-mail/Internet Use</b>
8.    Yes ___    No ___	<b>Social Media</b>
9.    Yes ___    No ___	<b>Attendance</b> a.    How much notice is required before start of shift? _____ b.    Who should employee contact about absence? _____ c.    What types of absence do you consider as authorized? _____ Are authorized absences paid? Yes ___ No ___ d.    To whom does employee report when coming back from an absence? _____ _____ e.    What constitutes "excessive" absence? _____ f.    What discipline is imposed for excessive absenteeism? _____ _____ g.               No fault absence policy? Yes ___ No ___ h.    Absence without notice policy? _____ i.    Perfect Attendance Recognition? _____
9.    Yes ___    No ___	<b>Being On Time</b> a.    How many minutes past normal starting time would an employee be considered late? _____ Minutes b.    Is an employee required to call if they know they will be late? Yes ___ No ___    Who should they call? _____ c.    What are the penalties for lateness? _____
10.    Yes ___    No ___	<b>Quitting Early and Leaving The Job</b> a.    With permission only? Yes ___ No ___ b.    Only in emergencies and with permission? Yes ___ No ___
11.    Yes ___    No ___	<b>Policy on Working Another Job While Being Employed Here</b> a.    Allowed if not in the same business? Yes ___ No ___ b.    Not allowed while on leave of absence? Yes ___ No ___ c.    Not allowed? Yes ___ No ___

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<b>Include In Handbook</b>	<b>Topic For Consideration</b>
12.    Yes ___    No ___	<b>Statement on Safety</b>
13.    Yes ___    No ___	<b>Statement on Emergency Treatment (including disability)</b>
14.    Yes ___    No ___	<b>Safety Shoes</b> a.    Are safety shoes required for certain employees? Yes ___    No ___ b.    Does employee pay full cost?    Yes ___    No ___
15.    Yes ___    No ___	<b>Statement on Fire Protection Including Evacuation</b> (including disability and evacuation assistance)
16.    Yes ___    No ___	<b>Care and Maintenance of Company Equipment</b>
17.    Yes ___    No ___	<b>Care and Maintenance of Company Vehicles</b>
18.    Yes ___    No ___	<b>Policy on Driving Company Vehicles</b>
19.    Yes ___    No ___	<b>Statement on What To Do If Injured on the Job</b> a.    Where are first aid kits located? b.    Report to? _____ c.    When to report? _____
20.    Yes ___    No ___	<b>Housekeeping and Cleanliness</b>
21.    Yes ___    No ___	<b>Statement on Contents of Personnel Records</b>
22.    Yes ___    No ___	<b>Statement on Confidential Medical Files</b>
23.    Yes ___    No ___	<b>Statement on Employee Access to Personnel and Medical Files</b>
24.    Yes ___    No ___	<b>Bulletin Boards</b> a.    Company Notices only? ___ b.    Employees Can Post Information With Authorization ___ c.    Where are bulletin boards located? _____ _____ d.    Alternative Accessible Formats Available?    Yes ___    No ___
25.    Yes ___    No ___	<b>Participation in Company Sponsored Programs and Activities</b>
26.    Yes ___    No ___	<b>Employee Involvement in Community Activities</b>

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27.	Yes ___	No ___	<b>Smoking</b> a. Has the company adopted a No-Smoking Policy? Yes ___ No ___ b. Is Smoking limited to designated areas? Yes ___ No ___ c. Allowed in presence of customers? Yes ___ No ___ d. Allowed in company/customers' vehicles? Yes ___ No ___
28.	Yes ___	No ___	<b>Statement on Company's Policy on Drugs and Alcohol in the Workplace</b> a. Pre-employment testing? Yes ___ No ___ b. Post-employment testing? Yes ___ No ___ Random? ___ Reasonable Suspicion? ___ Post accident? ___ Other _____ c. Do you have an Employee Assistance Program? Yes ___ No ___
29.	Yes ___	No ___	<b>Rule on Solicitation and Distribution</b> a. Are employees permitted to post notices on bulletin boards, collect donations, hand out non-work related information or make personal sales on the job? Yes ___ No ___ b. During breaks or lunches? Yes ___ No ___ c. Only with permission? Yes ___ No ___
30.	Yes ___	No ___	<b>Uniforms</b> a. Are certain employees required to wear uniforms? Yes ___ No ___ b. Does employee contribute towards cost of uniforms? Yes ___ No ___ ___ % c. Does employee ___ look after uniform maintenance? Does employer ___ look after uniform maintenance?
31.	Yes ___	No ___	<b>A Rule of Appearance and Grooming</b> a. Are tattoos or body piercings allowed? Yes ___ No ___ Indicate any special requirements or restrictions (i.e. jeans, dress code, etc.) _____ _____
32.	Yes ___	No ___	<b>Accepting Tips</b> a. Are employees discouraged from accepting tips? Yes ___ No ___
33.	Yes ___	No ___	<b>A Rule on Speaking English in the Workplace</b>
34.	Yes ___	No ___	<b>Statement on Company's Position Regarding Loans and Cash Advances</b> a. Is this practice allowed? Yes ___ No ___ b. In the form of advanced payment of wages? Yes ___ No ___
35.	Yes ___	No ___	<b>Statement on Credit Standing and Garnishments</b>

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<b>Include In Handbook</b>	<b>Topic For Consideration</b>
36.    Yes ___    No ___	<b>Statement on Returning Company Property Upon Separation of Employment</b>
37.    Yes ___    No ___	<b>Statement on Progressive Discipline Policy</b> a.    Verbal Yes ___ No ___ b.    Written Yes ___ No ___ c.    2 Written Yes ___ No ___ d.    3 Written Yes ___ No ___ e.    Suspension with pay Yes ___ No ___ f.    Suspension without pay Yes ___ No ___
38.    Yes ___    No ___	<b>Personal Visitors</b> a.    Are personal visitors allowed? Yes ___ No ___ b.    Indicate any special instructions for visitors: _____ _____
39.    Yes ___    No ___	<b>Conduct Rules on the Job</b>  Yes ___    No ___    a.    Misrepresentation or omission of facts in seeking employment?  Yes ___    No ___    b.    Clocking or altering the timecard of another employee?  Yes ___    No ___    c.    Making or permitting a false or untrue record relating to any material or work?  Yes ___    No ___    d.    Defacing, damaging, or destroying property of the company or of another employee?  Yes ___    No ___    e.    Interfering with, obstruction of, or otherwise hindering the production or work performance of another employee?  Yes ___    No ___    f.    Engaging in horseplay, running, scuffling, or throwing objects on company property?  Yes ___    No ___    g.    Originating or spreading false statements concerning employees or the company?  Yes ___    No ___    h.    Assisting any person to gain unauthorized entrance to or exit from any portion of the company's premises?  Yes ___    No ___    i.    Fighting or causing bodily injury to another or other forms of disorderly conduct?  Yes ___    No ___    j.    Immoral or indecent conduct?

## *SESCO's Employee Handbook Development Checklist*

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### **Include In Handbook**

### **Topic For Consideration**

(Conduct Rules on the Job continued)

- |         |        |  |
|---------|--------|--|
| Yes ___ | No ___ | k. Leaving work area without permission, wasting time, loitering, or sleeping during working hours?  |
| Yes ___ | No ___ | l. Refusal to accept or follow orders or directions from proper authority or any other form of insubordination?  |
| Yes ___ | No ___ | m. Bringing in, possession, use, transfer or sale of or reporting to work or working under the influence of intoxicants or illegal drugs on company property or premises or while on company business? |
| Yes ___ | No ___ | n. Abusing company equipment or property or using any piece of equipment or property without being authorized to do so?  |
| Yes ___ | No ___ | o. Repeated tardiness or absence; failure to report to work without satisfactory reason?   |
| Yes ___ | No ___ | p. Theft, pilferage or unauthorized removal of property of the company or others?  |
| Yes ___ | No ___ | q. Smoking in areas where it is prohibited?  |
| Yes ___ | No ___ | r. Possession of firearms, other weapons, or explosives while on company premises or vehicles, or on company business?   |
| Yes ___ | No ___ | s. Failure to meet quality and quantity requirements?  |
| Yes ___ | No ___ | t. Inefficiency or lack of application of effort on the job?   |
| Yes ___ | No ___ | u. Abusive, threatening, or intimidating language or conduct to any supervisor, co-worker, customer, visitor, and vendor, patient?   |
| Yes ___ | No ___ | v. Contributing to unsanitary conditions?  |
| Yes ___ | No ___ | w. Use of company facilities after normal working hours without authorization?   |
| Yes ___ | No ___ | x. Violations of company policy on fair treatment, equal opportunity, and non-discrimination?  |
| Yes ___ | No ___ | y. Violations of company policy prohibiting harassment in any form?  |
| Yes ___ | No ___ | z. Gambling on company property?   |

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***SESCO's Employee Handbook Development Checklist***

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***VI. Keeping in Touch***

<b>Include In Handbook</b>	<b>Topic For Consideration</b>
1.    Yes ___    No ___	<b>Statement on keeping personnel records up to date</b>
2.    Yes ___    No ___	<b>Bulletin boards</b>
3.    Yes ___    No ___	<b>Company publications:</b> Describe _____ _____
4.    Yes ___    No ___	<b>Problem solving procedure</b>

***VII. Items Not Included in This Checklist***

(List any special items to be included)

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***VIII. Summary and Closing Word***      Yes \_\_\_    No \_\_\_

***IX. Receipt for Employee Handbook***      Yes \_\_\_    No \_\_\_

***X. Additional Industry Specific Institutions***

**1. Healthcare Institutions**

- a.    Not-for-Profit    Yes \_\_\_    No \_\_\_
- b.    Mandated Reporter/Reporting Abuse    Yes \_\_\_    No \_\_\_
- c.    In-services    Yes \_\_\_    No \_\_\_
- d.    Visiting with resident/patient policy    Yes \_\_\_    No \_\_\_
- e.    Right to know- blood borne pathogens policy    Yes \_\_\_    No \_\_\_
- f.    Emergency procedures policy    Yes \_\_\_    No \_\_\_
- g.    HIPAA policy    Yes \_\_\_    No \_\_\_
- h.    Licensure policy    Yes \_\_\_    No \_\_\_

## *SESCO's Employee Handbook Development Checklist*

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- i. OSHA/Safety policy Yes \_\_\_ No \_\_\_
- j. Hazardous communications policy Yes \_\_\_ No \_\_\_
- k. Patient/Resident advocacy policy Yes \_\_\_ No \_\_\_
- l. Patient/Resident handling policy Yes \_\_\_ No \_\_\_
- m. Patient/Resident rights policy Yes \_\_\_ No \_\_\_
- n. Whistle blower act policy Yes \_\_\_ No \_\_\_
- o. Annual tuberculosis policy Yes \_\_\_ No \_\_\_
- p. CPR training policy Yes \_\_\_ No \_\_\_
- q. Career ladder program Yes \_\_\_ No \_\_\_
- r. Corporate compliance program policy Yes \_\_\_ No \_\_\_
- s. Daylight savings program Yes \_\_\_ No \_\_\_

### **2. Financial Institutions**

- a. Employee credit standing policy Yes \_\_\_ No \_\_\_
- b. Whistle blower act policy Yes \_\_\_ No \_\_\_
- c. Fraud policy Yes \_\_\_ No \_\_\_
- d. Kiting policy Yes \_\_\_ No \_\_\_
- e. Bank bribery policy Yes \_\_\_ No \_\_\_
- f. FACTA (red flag rules) policy Yes \_\_\_ No \_\_\_
- g. Over or short cash policy Yes \_\_\_ No \_\_\_
- h. Consumer credit check policy Yes \_\_\_ No \_\_\_
- i. USA Patriot Act policy Yes \_\_\_ No \_\_\_
- j. Personal finances Yes \_\_\_ No \_\_\_

### **3. Automotive Retail Dealerships**

- a. Use of dealership repair shops allowed? Yes \_\_\_ No \_\_\_
- b. Do Service Technicians furnish their own tools? Yes \_\_\_ No \_\_\_
- c. Salesperson licensing required? Yes \_\_\_ No \_\_\_
- d. FACTA (red flag rules) policy Yes \_\_\_ No \_\_\_
- e. Driving record, certification and license policy Yes \_\_\_ No \_\_\_



## ***SESCO's Employee Handbook Development Checklist***

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- f. IRS cash reporting policy Yes \_\_\_ No \_\_\_
  - g. Hazardous communications policy Yes \_\_\_ No \_\_\_
  - h. Consumer credit transactions policy Yes \_\_\_ No \_\_\_
  - i. Employee discounts and purchases policy Yes \_\_\_ No \_\_\_
  - j. Use of dealer tags policy Yes \_\_\_ No \_\_\_
  - k. Customer vehicles policy Yes \_\_\_ No \_\_\_
- 4. Funeral Service**
- a. NFDA code of professional conduct policy Yes \_\_\_ No \_\_\_
  - b. On-call policy Yes \_\_\_ No \_\_\_
  - c. Safety/OSHA policy Yes \_\_\_ No \_\_\_
  - d. Preparation room policy Yes \_\_\_ No \_\_\_
  - e. Embalming room Yes \_\_\_ No \_\_\_
  - f. Floral arrangements policy Yes \_\_\_ No \_\_\_
  - g. Service procedure policy Yes \_\_\_ No \_\_\_
- 5. Manufacturing Industry**
- a. Hazardous communications policy Yes \_\_\_ No \_\_\_
  - b. Safety/OSHA policy Yes \_\_\_ No \_\_\_
  - c. Quality policy Yes \_\_\_ No \_\_\_

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