

Pacific Employers, Advisors to Management
EMPLOYMENT HANDBOOK - POLICY SURVEY

Company name: _____

Address: _____, City _____, CA, Zip _____

Contact Person, _____ Title _____

Telephone, _____ Fax # _____

Nickname for Company to be used in policy handbook: _____

Describe the business: _____

Do you want your Mission Statement and/or history of the Company included? . . . Yes / No
{If Yes, attach a written copy}

IMPORTANT !!

Total number of employees including management employed by Company: _____

Do you want your hours of operation listed? Yes / No

Just office? Yes / No

Closed during lunch hour? Yes / No

What are your hours of operation?: Weekdays _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____

Introductory, Probationary or Trial Period of employment?: Yes / No

If Yes, How long a period _____

PAYDAY: What day? _____

Work week, beginning day: _____ through _____

Pay period covers what days: From _____ through _____

Payroll advances?: Yes / No

If Yes, Do employees sign a form for advance?: Yes / No

Periodic evaluations?: Yes / No

If Yes, Attach any form used. Attached?: Yes / No form

Regular pay raises/promotions?: Yes / No

TRAINING MEETINGS — Do you pay training meetings at a lower than regular rate?: . Yes / No

TRAVEL TIME/PAY — Do you pay travel at a lower than regular rate of pay?: Yes / No

Do any employees receive **Commissions**?: Yes / No

Do you employ **Commercial Truck Drivers**?: Yes / No

Do any of the following employees receive company benefits?: {Vacation, Holiday Pay, Sick Leave, Funeral Leave, Health Plan, Retirement, Etc.} Yes / No

Part-Time. Yes / No

Introductory Period Yes / No

Temporary/Seasonal. Yes / No

Others excluded?: _____

Severance pay?:. Yes / No

If Yes, Attach your written policy if you have one: Attached?:. Yes / No policy

OVERTIME POLICIES:

Exempt-Salaried employees need not receive overtime!
{Exempt employees are administrative, executive, professional or outside sales employees.}

Do you employ Exempt-Salaried employees?:. Yes / No

Hourly (and non-exempt salaried) employees, other than outside sales, agricultural and some driver employees, must receive overtime for all hours over 8 in a day and 40 in a week.

Do you provide overtime pay over 8 & 40 hours for hourly employees?:. Yes / No

If No, Describe other overtime arrangements _____

Do you wish to provide an option for an alternative workweek language for the possible adoption of a 4 day / 10 hour schedule?:. Yes / No

Agricultural employees can work 10 hours a day 6 days a week before overtime is due:
{NOTE — Full time irrigators are exempt from overtime provisions.}

Do you employ agricultural employees?:. Yes / No

If Yes, Do you follow the 10 hour 6 day formula?:. Yes / No

If No, Describe other overtime arrangements _____

Do you require Supervisory Approval of all Overtime?:. Yes / No

Do you provide PAID SICK LEAVE?:

Sick pay for hourly compensated employees?:. Yes / No

If Yes, When do employees start earning sick leave?

From date of hire or after introductory period?: _____

At what rate (i.e. — 1/2 day per month) do they earn?: _____

Are they paid from the first day of illness?:. Yes / No

Is a doctor's proof of illness required?:. Yes / No

Do you provide compensated FUNERAL LEAVE?:. Yes / No

If Yes, Attach your current policy if any: Attached?:. Yes / No policy

If Yes, But no attachment:

How many paid days?: _____

At what rate earned?: _____

Integrated with Earned Vacation?:. Yes / No

Integrated with Earned Sick Leave?:. Yes / No

Who is **NOT** covered? Cross out those not covered: Mother, Father, Step-Mother, Step-Father, Current Spouse, Child, Grandchildren, Adopted-Child, Mother in Law, Father in Law, Brother, Sister, Brother & Sister in Law, Grandparents, Grandparents in Law, Niece, Nephew, Relative living with Employee, Aunt, Uncle, Friend

Do you provide JURY AND WITNESS duty benefits?: Yes / No
If Yes, how many paid days?: _____

HOLIDAYS

Holidays paid at one day's pay for regular employees? Yes / No

New Year's Day: Yes / No Martin Luther King Day: Yes / No

President's Day: Yes / No Memorial Day: Yes / No

Fourth of July: Yes / No Labor Day: Yes / No

Columbus Day: Yes / No Veterans Day: Yes / No

Thanksgiving Day: Yes / No Day after Thanksgiving: Yes / No

Christmas Day: Yes / No Others _____

If a paid holiday is worked, the employee will receive Holiday Pay PLUS they will be paid

Straight Time ____ Time and One Half ____ Double Time ____

If a holiday falls during employee's vacation, how will employee be compensated?:

An extra day's pay - or - An extra day off

PAID VACATION

Vacation for **hourly compensated** employees?: Yes / No

If Yes, When do employees start earning Vacation?

From date of hire?: Yes / No

How much vacation time have they accumulated —

At the end of the first year: _____

At the end of the _____ year: _____

At the end of the _____ year: _____

At the end of the _____ year: _____

Is vacation scheduled on a first come basis?: Yes / No

Must vacation be used by end of vacation earning year?: Yes / No

When not taken by year end, do you assign vacation?: Yes / No

OR, do you just pay it out?: Yes / No

Would you like to stop earnings for vacation if the employee fails to use it: Yes / No

VACATION (IF DIFFERENT) for **salaried** employees?: Yes / No

If Yes, When do employees start earning Vacation?

From date of hire?: Yes / No

How much vacation time have they accumulated —

At the end of the first year?: _____

At the end of the _____ year: _____

At the end of the _____ year: _____

At the end of the _____ year: _____

Do you provide HEALTH INSURANCE: Yes / No
Dental Insurance: Yes / No
Life Insurance: Yes / No
Salary Continuation/Long-term Disability Insurance: Yes / No

Eligibility: _____
Do all full time employees receive Health Insurance?: Yes / No

If No, Which classifications are excluded?: _____

Company pays: Employee: % _____ \$ _____ Dependant: % _____ \$ _____ Family: % _____ \$ _____

Employee pays: Self: % _____ \$ _____ Dependant: % _____ \$ _____ Family: % _____ \$ _____
COBRA

Firms with under twenty employees are subject to Cal/COBRA; those with twenty or more employees are required to provide continuation coverage under COBRA, If you are subject to COBRA, do you have a COBRA statement or letter?

For new employees?: Yes / No
For terminating employees?: Yes / No

Do you provide a PENSION, PROFIT SHARING OR RETIREMENT PLAN?: Yes / No
Can all full time employees participate retirement plan?: Yes / No

If No, Which classifications are excluded?: _____

Do you wish to have a short description of your plan in handbook? Yes / No

Do you pay for UNEMPLOYMENT INSURANCE: Yes / No

Do employees pay for STATE DISABILITY INSURANCE Yes / No

PREGNANCY DISABILITY LEAVE is required by state law:
Do you have written policy language?: Yes / No
If Yes, Attach your written policy if any: Attached?: Yes / No policy

Do you supply employees with EQUIPMENT, TOOLS & UNIFORMS?: Yes / No
If Yes, Do you require that employees become responsible for their return?: Yes / No

Telephone and visitors, do you have (or want) controls or limits?: Yes / No
Attach your current policy if any: Attached?: Yes / No policy

Company vehicles: do you have Company Vehicles?: Yes / No
Company vehicles: do you have (or want) controls or limits?: Yes / No
If Yes, Attach your current policy if any: Attached?: Yes / No policy
If Yes, But no attachment:

Rules?: _____

Limits?: _____

Responsibility?: _____

Do you have (or want) an "AT WILL" employment policy?: Yes / No
{An "At Will" employment policy is one in which the employer need not show cause (or good cause) in order to terminate an employee.}
Attach your current policy if any: Attached?: Yes / No policy

Do you want a DISPUTES OR GRIEVANCE PROCEDURE?: Yes / No
Attach your current procedure if any: Attached?: Yes / No procedure

Chain of command for processing complaints: _____

Do you have a WRITTEN SAFETY PROGRAM (IIPP) AS REQUIRED BY SB198?: Yes / No
Do you want Pacific Employers to prepare a Safety Program?: Yes / No
Attach your written safety rules or policy if any: Attached?: Yes / No policy

ANTI-HARASSMENT POLICY is required by the DFEH
Attach your current policy if any: Attached?: Yes / No policy

Do you have (or want) an AFFIRMATIVE ACTION PROGRAM?: Yes / No
Attach your current program if any: Attached?: Yes / No program

Do you want a SUBSTANCE ABUSE/DRUG POLICY?: Yes / No
Attach your current program if any: Attached?: Yes / No program

Companies with twenty five or more employees are required by the state of California to provide employees who voluntarily enroll in rehabilitation programs, a DRUG REHABILITATION LEAVE program. Does your firm employ 25 or more employees... Yes / No

If less than 25

Do you have (or want) a DRUG REHABILITATION PROGRAM?: Yes / No
Attach your current program if any: Attached?: Yes / No program

Do you have (or want) policies or forms on?:

Employment Application?: Yes / No

Discipline/Personnel action forms?: Yes / No

Performance Appraisals?: Yes / No

Exit Interview Forms?: Yes / No

Post Employment Survey Forms?: Yes / No

Deduction Forms?: Yes / No

Return To Work Statement?: Yes / No

New Employee Forms?: Yes / No

Monthly Feedback Form?: Yes / No

