

Pacific Employers, Advisors to Management
EMPLOYMENT HANDBOOK - POLICY SURVEY

Company name: _____

The company name shows up **over 200 times** in the handbook. Do you have a "Short Name" or acronym for your company to be used in the handbook: _____

Address: _____, City _____, CA, Zip _____

Contact Person, _____ eMail _____

Telephone, _____ Type of business: _____

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

👉 IMPORTANT !! Total number of employees including management employed by

Company: _____ Number of Full Time _____ Part Time _____ Seasonal _____

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 _____ (*Recommend 60 days*)

PAYDAY: What day? _____

Work week, beginning day: _____ through _____

Pay period covers what days: From _____ through _____

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

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

Do you employ **Outside Sales Persons** ? Yes / No

OVERTIME POLICIES:

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 require Supervisory Approval of all Overtime?..... Yes / No

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 _____

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

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 of the following employees receive company benefits? {Vacation, Holiday Pay, Funeral Leave, Health Plan, Retirement, Etc.}.....

Part-Time..... Yes / No

Introductory Period..... Yes / No

Temporary/Seasonal..... Yes / No

Others excluded? _____

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 ____ or 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

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: % _____ \$ _____

Do you provide a PENSION, PROFIT SHARING OR RETIREMENT PLAN?..... Yes / No

Can all employees participate in the retirement plan?..... Yes / No

If No, Which classifications are excluded? _____

SICK PAY - California requires 3 days of sick pay/domestic violence leave per year earned at the rate of one (1) hour per every thirty (30) hours worked for all employees. An employee may use up to three days or 24 hours paid sick leave each year of employment. Unused, accrued paid sick days shall carry over to the following year of employment to a maximum accrual of 48 hours or six (6) days paid sick leave. Sick pay for a part-time employee can be prorated based on a forty (40) hour week.

Do you wish to provide more annual sick leave? Yes / No

If **Yes**, How many total days per year? _____

Annual accrual - _____

Maximum accrual - _____

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? _____

For Faith Based and Government Entities:

Do you pay for UNEMPLOYMENT INSURANCE. Yes / No

Do employees pay for STATE DISABILITY INSURANCE Yes / No

Do you provide COBRA coverage Yes / No

Do you have Company Vehicles? Yes / No

Chain of command for Complaints if not immediate supervisor and then top management:

Do you have a WRITTEN SAFETY PROGRAM (IIPP) AS REQUIRED BY SB198? Yes / No

Do you want Pacific Employers to prepare a Safety Program? (**There is a charge**)Yes / No

Attach your written safety rules or policy if any: Attached?..... Yes / No policy

