

# EMPLOYEE HANDBOOK QUESTIONNAIRE

Please provide the following information to allow us to more accurately and effectively prepare your new employee handbook draft.

While it may appear that we are requesting a substantial amount of information and you might wonder why we are asking certain questions, please take the time to carefully and thoughtfully respond to each question. We rely upon your responses to best prepare your handbook.

Should you have any questions about any of the information that we are requesting or about this stage of the process in general, please do not hesitate to call.

## GENERAL BACKGROUND INFORMATION

- A. Legal Name of Business: \_\_\_\_\_
- B. Preferred Common Name of Business (e.g. International Business Machines is commonly known as IBM): \_\_\_\_\_
- C. Form of Business (e.g. corporation, general partnership, limited partnership, limited liability company, limited liability partnership, sole proprietorship): \_\_\_\_\_
- D. Do you have an existing Employee Handbook or set of management policies?
- Yes       No
- (If yes, please *attach a copy*.)
- E. Do you have an Organizational Chart for your company?
- Yes       No       Would Like to Discuss
- (If yes, please *attach a copy*.)
- F. Is there a person or department within the Company responsible for Human Resources functions?
- Yes       No       Would Like to Discuss
- If yes:      Name of Person Responsible: \_\_\_\_\_  
                  Title of Person Responsible: \_\_\_\_\_  
                  Name of Department Responsible: \_\_\_\_\_

## Equal Employment Opportunity

- Statement Regarding At-Will Employment Status
- Statement Regarding Equal Employment Opportunity
- Introductory Statement
- Statement Regarding Right to Revise Handbook
- Statement Regarding Unlawful Harassment

**HIRING**

A. Does the Company have a Bridging of Time policy?

- Yes       No       Would Like to Discuss

B. How many FULL-TIME employees do you CURRENTLY have: \_\_\_\_\_

During your peak season: \_\_\_\_\_  
During your low season: \_\_\_\_\_  
Average: \_\_\_\_\_

C. How many hours must an employee work to be considered FULL-TIME? \_\_\_\_\_

D. Does the Company have an Inactive Status policy?

- Yes       No       Would Like to Discuss

E. Would the Company like to include a Health Benefits Extension policy statement?

- Yes       No       Would Like to Discuss

F. Does the Company use an Introductory Period for new employees?

- Yes       No       Would Like to Discuss

*If yes:*

1. What is the length of the Introductory Period (e.g. 90-days or 6-months)? \_\_\_\_\_

2. Do you review performance at the conclusion of the Introductory Period?

- Yes       No       Would Like to Discuss

G. How many PART-TIME employees do you CURRENTLY have? \_\_\_\_\_

During your peak season: \_\_\_\_\_  
During your low season: \_\_\_\_\_  
Average: \_\_\_\_\_

H. What is the minimum number of hours an employee must work to be considered PART-TIME?  
\_\_\_\_\_

I. What is the maximum number of hours an employee must work to be considered PART-TIME?  
\_\_\_\_\_

J. Do you provide Benefits for PART-TIME employees? \_\_\_\_\_

*If yes, please list those benefits:* \_\_\_\_\_

K. Do you obtain labor through *temporary agencies or employee leasing companies*?

Yes       No       Would Like to Discuss

L. Do you employ temporary workers, *in-house*, for short term assignments?

Yes       No       Would Like to Discuss

*If yes*, for what maximum timeframe? \_\_\_\_\_

M. Do you utilize Independent Contractors?

Yes       No       Would Like to Discuss

## LEAVES OF ABSENCE

Do you provide any of the following Leaves of Absence:

A. Bereavement Leave

Yes       No       Would Like to Discuss

*If yes:*

1. For how many consecutively scheduled workdays? \_\_\_\_\_

2. May a supervisor approve additional unpaid time off?

Yes       No       Would Like to Discuss

B. Civil Air Patrol Leave (*mandatory for 15 or more employees*)

Yes       No       Would Like to Discuss

C. Coordination of Pregnancy Disability Leave (PDL) with Family/Medical Leave (*mandatory for 50 or more employees*)

Yes       No       Would Like to Discuss

D. Domestic Violence Leave (*mandatory for 25 or more employees*)

Yes       No       Would Like to Discuss

E. Extended Medical Leave

Yes       No       Would Like to Discuss

F. Family/Medical Leave (*mandatory for 50 or more employees*)

Yes       No       Would Like to Discuss

1. What is the time period used by the Company in calculating the 12-month period during which 12 weeks of leave may be taken?

- Calendar Year                       Rolling Year                       Other:

2. When an employee is on family/medical leave and is not eligible for continued paid coverage, an employee may continue their group health insurance coverage through the Company in conjunction with the federal COBRA guidelines by making monthly payments to the Company for the amount of the applicable premium.

Payment is:

- Due when it would be made by payroll deduction.  
 Due on the same schedule as payments that are made under COBRA.  
 Be prepaid pursuant to a cafeteria plan, under which employees choose coverage that best suits them.

The amount to be prepaid is \_\_\_\_\_, and prepayment will begin on \_\_\_\_\_.

- To be made: \_\_\_\_\_  
(fill in existing rules for payment by employees on leave without pay).

3. As FMLA/CFRA leave is unpaid, will an employee *be required* to substitute paid leave?

- Yes                       No                       Would Like to Discuss

If yes, in which circumstance:

- Accrued sick leave, vacation or other paid time off must be used for absences that are otherwise unpaid by state disability insurance, workers' compensation benefits or any other disability leave plan.  
 Accrued sick leave or paid time off that is available for as "Kin Care" must be used when leave is to care for a family member.

4. *May* an employee's paid leave *be* substituted for unpaid leave?

- Yes                       No                       Would Like to Discuss

If yes, in which circumstance:

- Vacation and other accrued time (other than sick leave) may be used for any family/medical leave qualifying event.  
 Accrued sick leave may be used by the employee for the employee's own serious health condition.  
 Accrued sick leave (in excess of "Kin Care" if applicable) may be used for the care of a family member if mutually agreed upon by the Company and the employee.

Accrued sick leave may be used for the birth or placement for adoption or foster care of a child if mutually agreed upon by the Company and the employee.

5. Does an employee on FMLA/CFRA continue to accrue:

Vacation       Sick leave       Paid time off)

G. Jury Duty or Witness Leave (*mandatory for all employees*)

Yes       No       Would Like to Discuss

H. Military Leave (*mandatory for all employees*)

Yes       No       Would Like to Discuss

I. Military Spouse Leave (*mandatory for employees who work more than 20 hours per week*)

Yes       No       Would Like to Discuss

J. Paid Time Off to Consolidate Vacation, Holiday, and Sick Pay (**PTO**)

Yes       No       Would Like to Discuss

If yes:

1. Paid time off can accrue to a maximum of :

\_\_\_\_\_ weeks      \_\_\_\_\_ hours

2. Are employees required to take accrued and unused Paid Time Off (PTO) before taking unpaid leave or having unpaid absences?

Yes       No       Would Like to Discuss

K. Personal Leave of Absence

Yes       No       Would Like to Discuss

Paid       Unpaid

L. Pregnancy Disability Leave (*mandatory for 5 or more employees*)

Yes       No       Would Like to Discuss

M. School Activities Leave (*mandatory for 25 or more employee; and mandatory for all employees if it is a school appearances*)

Yes       No       Would Like to Discuss

1. Must an employee use *vacation*?

Yes       No       Would Like to Discuss

2. Must an employee use *personal leave*?
- Yes       No       Would Like to Discuss
3. Must an employee use *time off without pay*?
- Yes       No       Would Like to Discuss

N. Sick Leave

- Yes       No       Would Like to Discuss

If yes:

1. Is employee allowed to carryover sick leave accrual from year to year?
- Yes       No       Would Like to Discuss
2. Does the Company pay the employee in lieu of unused sick leave?
- Yes       No       Would Like to Discuss
3. Does the Company require medical evidence of illness and/or medical certification of an employee's fitness to return to work satisfactory to the Company before the Company honors any sick pay requests?
- Yes       No       Would Like to Discuss
- If yes, how many days must the employee be absent for such requirement to apply? \_\_\_\_\_*
4. Is an employee required to take accrued and unused paid leave before taking unpaid leave, or having unpaid absences?
- Yes       No       Would Like to Discuss

O. Kin Care (*mandatory for all employees if sick leave is offered*)

- Yes       No       Would Like to Discuss

P. Temporary Transfers for Family/Medical Leave Purposes

- Yes  No       Would Like to Discuss

Q. Time Off for Voting (*mandatory for all employees*)

- Yes       No       Would Like to Discuss

R. Vacation

- Yes       No       Would Like to Discuss

If yes: \_\_\_\_\_

1. Attach or describe your vacation accrual policy: \_\_\_\_\_
2. When does employee *begin accruing* vacation (e.g. *first day of employment, upon completion of introductory period, etc*)? \_\_\_\_\_
3. Is employee allowed to carryover accrued, but unused vacation from year to year?
   
 Yes       No       Would Like to Discuss
4. Is there a cap?
   
 Yes       No       Would Like to Discuss
5. What is the cap? \_\_\_\_\_
6. When does employee become eligible to take accrued vacation e.g. *first day of employment, upon completion of introductory period, etc*)? \_\_\_\_\_
7. Does the Company require employees to use vacation time during a company shut down?
   
 Yes       No       Would Like to Discuss
8. Does the Company require use of vacation before *unpaid* sick leave is taken?
   
 Yes       No       Would Like to Discuss

S. Victims of Crimes Leave (***mandatory for all employees***)

- Yes       No       Would Like to Discuss

T. Volunteer Civil Service Personnel Leave (***mandatory for all employees who are volunteer firefighters, peace officers, or emergency rescue personnel; 50 or more employees – must also allow volunteer firefighters unpaid leave time for required training***)

- Yes       No       Would Like to Discuss

**BENEFITS**

A. Does the Company have a policy dealing with External Employee Education?

- Yes       No       Would Like to Discuss

B. Does the Company offer paid holidays?

- Yes       No       Would Like to Discuss

If yes:

1. Please check all holidays observed by the Company:

- January 1 (New Year's Day)       Martin Luther King Jr.'s Birthday

- Presidents' Day
- July 4th (Independence Day)
- Thanksgiving Day and the Friday after
- Christmas Day
- Memorial Day
- Labor Day
- Christmas Eve

2. Do you provide premium pay for work on scheduled holidays?

- Yes
- No
- Would Like to Discuss

C. Does the Company offer:

- Medical Insurance?  Yes  No  Would Like to Discuss
- Dental Insurance?  Yes  No  Would Like to Discuss
- Life Insurance?  Yes  No  Would Like to Discuss

If yes:

1. Are benefits offered for:  Employee  Dependents

2. Which employees are eligible for medical benefits?

- Full-Time
- Part-Time
- Other:

3. When does an employee become eligible for benefits? \_\_\_\_\_

4. Who pays the premium?

- Company
- Employee
- Both

5. How many hours must an employee work to be eligible for benefits? \_\_\_\_\_

6. If the employee works less than the minimum amount of hours indicated in the above question, is the employee still entitled to benefits?

- Yes
- No
- Would Like to Discuss

D.  **Statement Regarding Disability Insurance**

E.  **Statement Regarding Unemployment Compensation**

F.  **Statement Regarding Social Security**

G.  **Statement Regarding Retirement Plan**

H. What type of retirement plan does the Company offer?

- Pension
- Profit Sharing
- 401(k)

I. Does the company want to require an employee to supplement Paid Family Leave benefits with any accrued and unused:

Paid sick leave                       Vacation                       PTO

J. Who is the Company's Workers Compensation carrier? \_\_\_\_\_

K. Who is responsible for administering Workers Compensation claims for the Company?

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

L. Who is the Company's medical provider network? \_\_\_\_\_

M. Does the Company require an employee to use paid sick leave for follow up workers compensation medical treatments?

Yes                       No                       Would Like to Discuss

### MANAGEMENT

A. Does the company provide lockers or other storage facilities for use by employees?

Yes                       No                       Would Like to Discuss

B. Does the company employ relatives of employees?

Yes                       No                       Would Like to Discuss

C. Does the company have an Open Door policy in place?

Yes                       No                       Would Like to Discuss

D. Does the company provide performance evaluations?

Yes                       No                       Would Like to Discuss

1. By what term are they referred to by the company?

Performance Evaluation                       Performance Review

Other: \_\_\_\_\_

2. When does the first performance evaluation take place? \_\_\_\_\_

3. When are subsequent performance evaluations conducted? \_\_\_\_\_

E. In what location are personnel files (*or human resources files*) kept? \_\_\_\_\_

F. Does the company have employees who telecommute?

Yes                       No                       Would Like to Discuss

## COMPANY PROPERTY

A. Does the company maintain an employee bulletin board?

Yes       No       Would Like to Discuss

1. Where are they located? \_\_\_\_\_

2. What type of information is shared on company bulletin boards and for what purpose(s)?  
\_\_\_\_\_

3. Employees may not post items on Company bulletin boards unless the following conditions are met:

- Postings may be made by Company employees only;
- The information to be posted must first be approved by \_\_\_\_\_
- Postings are limited to \_\_\_\_\_ in size;
- Bulletin boards will be updated \_\_\_\_\_ and
- Posted items will be dated and will be removed after \_\_\_\_\_

B. Do you have electronic communication systems (i.e. email, voicemail, etc)?

Yes       No       Would Like to Discuss

If yes:

1. Do you reserve the right to inspect email or voicemail sent or received by the employee?

Yes       No       Would Like to Discuss

2. Do you reserve the right to keep a record of all passwords and codes used and/or may be able to override any such password system?

Yes       No       Would Like to Discuss

C. Do you allow for use of Employee-Owned devices?

Yes       No       Would Like to Discuss

1. If yes, do you limit its use:

Completely - during work hours only       To break time only

D. Do you have a Social Media policy?

Yes       No       Would Like to Discuss

1. Do you limit the use of social media:

- Completely - during work hours
- To break time only
- To limited circumstances for defined business purposes

E. Do you have a policy regarding Visitors and Guests?

- Yes       No       Would Like to Discuss

F. Do you have a Housekeeping policy?

- Yes       No       Would Like to Discuss

G. Does the company have a Nondisclosure or Use of Trade Secrets policy?

- Yes       No       Would Like to Discuss

H. Does the company utilize customer lists?

- Yes       No       Would Like to Discuss

I. Does the company allow off duty use of facilities and equipment?

- Yes       No       Would Like to Discuss

J. Does the company provide parking on company property?

- Yes       No       Would Like to Discuss

K. Is company parking monitored with video or other surveillance for purposes of protecting Company property only?

- Yes       No       Would Like to Discuss

L. Does the company provide cell phones?

- Yes       No       Would Like to Discuss

M. Is personal use of a company cell phone permitted?

- Yes       No       Would Like to Discuss

**Prohibited Use of Company Cell Phone While Driving for Employees Under 18**

N. Do you have a smoking policy?

- Yes       No       Would Like to Discuss

O. Do you have a Solicitation or Distribution of Literature policy?

- Yes       No       Would Like to Discuss

## EMPLOYEE CONDUCT

- A. Do you want to include a business conduct and ethics policy in the handbook?  
 Yes       No       Would Like to Discuss
- B. Do you want a policy prohibiting an employee from conducting personal business during working hours?  
 Yes       No       Would Like to Discuss
- C. Does the company have a conflict of interest policy?  
 Yes       No       Would Like to Discuss
- D. Does the company want to include a confidentiality policy in the handbook?  
 Yes       No       Would Like to Discuss
- E. Do you want to include a policy on customer relations expectations?  
 Yes       No       Would Like to Discuss
- F. Does the company enforce a dress code or other personal standards for its employees?  
 Yes       No       Would Like to Discuss
1. Do you prefer, as to dress code requirements:  
 General statement       Specific statement
2. Do you require uniforms to be worn by employees?  
 Yes       No       Would Like to Discuss
3. Do you have a casual day for dress code purposes?  
 Yes       No       Would Like to Discuss
- G. Do you have a policy on substance abuse, use of alcohol, or use of controlled substances?  
 Yes       No       Would Like to Discuss
- H. Do you want to include a policy dealing with news media contacts?  
 Yes       No       Would Like to Discuss
- I. Do you have a policy dealing with solicitation of employees or customers?  
 Yes       No       Would Like to Discuss

J. Does your company have an off-duty conduct policy?

Yes       No       Would Like to Discuss

K. Do you have a policy prohibiting or otherwise restricting an employee from accepting outside employment or moonlighting?

Yes       No       Would Like to Discuss

L. Do you want to include a policy prohibiting the use of cell phones with cameras?

Yes       No       Would Like to Discuss

**Prohibition of Use of Company Cell Phone While Driving**

M. Please list examples of conduct that will lead to corrective actions up to and including separation?

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N. Does your company have a punctuality and attendance policy?

Yes       No       Would Like to Discuss

#### **WAGES**

A. Does the company advance paychecks?

Yes       No       Would Like to Discuss

B. Does the company allow employee cash advances?

Yes       No       Would Like to Discuss

C. Does the company allow alternate workweek schedules?

Yes       No       Would Like to Discuss

1. If yes, please describe or attach a copy of the policy regarding the same.

D. Do you want to include a statement as to call-in pay?

Yes       No       Would Like to Discuss

E. Do you want to include a statement as to reporting-to-work pay?

Yes       No       Would Like to Discuss

F.  **Statement Regarding Deductions for Exempt Employees**

G. Do you have employee expense accounts?

Yes       No       Would Like to Discuss

H. Does the company have a make-up time policy?

Yes       No       Would Like to Discuss

If yes, please attach a copy of the policy or describe the policy.

I. How long is the company lunch period? \_\_\_\_\_

J.  **Statement Regarding Payment of Overtime**

K. Does the company have a policy on pay differentials?

Yes       No       Would Like to Discuss

1. If yes, please attach a copy of the policy or describe the policy.

L.  **Statement Regarding Mandatory Meetings and Training**

M. What is the company's pay cycle?

Weekly       Biweekly       Semi-Monthly       Monthly       Other: \_\_\_\_\_

1. Please state your pay periods and pay dates. \_\_\_\_\_

2. How, when, and where are paychecks distributed to employees? \_\_\_\_\_

3. Does the company offer automatic deposit of payroll checks?

Yes       No       Would Like to Discuss

N. Does the company offer a recruitment bonus?

Yes       No       Would Like to Discuss

1. If yes, please describe.

O. How is an hourly employee's time tracked? \_\_\_\_\_

P. How is a salaried employee's time tracked? \_\_\_\_\_

Q. Please state the time of day and day of the week your workweek begins and ends. \_\_\_\_\_

R. Do you allow employees to randomly change work schedules?

Yes       No       Would Like to Discuss

1. If yes, please describe or attach a copy of the policy regarding the same.

## SAFETY AND HEALTH

A. Does the company have a policy for employees who are required to drive a company vehicle or personal vehicle on company time?

Yes       No       Would Like to Discuss

B. Does the company have an ergonomics policy?

Yes       No       Would Like to Discuss

If yes, please attach a copy of the policy or describe the policy.

C. Is there a person or department within the Company responsible for safety functions?

Yes       No       Would Like to Discuss

If yes:      Name of Person Responsible: \_\_\_\_\_  
                         Title of Person Responsible: \_\_\_\_\_  
                         Name of Department Responsible: \_\_\_\_\_

D.  **Statement Regarding Health & Safety Policy**

E. Does the company have employees who work outside and may be exposed to extreme temperatures or adverse working conditions?

Yes       No       Would Like to Discuss

F. Does the company have an inclement weather/natural disaster policy?

Yes       No       Would Like to Discuss

G.  **Statement Regarding Recreational Activities and Programs**

H. Does the company have a security and workplace violence policy?

Yes       No       Would Like to Discuss

## TERMINATION

A. Does the company have a policy on employment reference checks?

Yes       No       Would Like to Discuss

B. Does the company have a progressive discipline policy?

Yes       No       Would Like to Discuss

C. Does the company have a reduction in force policy?

Yes       No       Would Like to Discuss

D.  **Statement Regarding Voluntary Resignation**

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**Name of Person Completing Questionnaire:**

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_