

Employee Handbook Checklist (Updated for 2020)

Section 1: About Your Company

- | YES | NO | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Welcome |
| <input type="checkbox"/> | <input type="checkbox"/> | Company History |
| <input type="checkbox"/> | <input type="checkbox"/> | Mission Statement/Vision/Values |
| <input type="checkbox"/> | <input type="checkbox"/> | Disclaimer |

Section 2: Employment Policies

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Expectations |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Classifications |
| <input type="checkbox"/> | <input type="checkbox"/> | Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | Hours of Work |
| <input type="checkbox"/> | <input type="checkbox"/> | Meal and Other Break Periods |
| <input type="checkbox"/> | <input type="checkbox"/> | Overtime |
| <input type="checkbox"/> | <input type="checkbox"/> | Paydays |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay Deductions |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Time Reporting |

Section 3: Compliance

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Equal Employment Opportunity Statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Harassment and Offensive Behavior |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Accommodation |
| <input type="checkbox"/> | <input type="checkbox"/> | Religious Accommodation |

Section 4: Benefits

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | General Benefits Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Continuation of Medical Coverage (COBRA) |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Assistance Program (EAP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Flexible Spending Account Plan (FSA) |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Savings Account Plan (HSA) |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Plans (Health, Dental, Life) |
| <input type="checkbox"/> | <input type="checkbox"/> | Long-Term Disability (LTD) |
| <input type="checkbox"/> | <input type="checkbox"/> | Short-Term Disability (STD) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Volunteerism |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers' Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | 401(k) Plan |

Section 5: Paid Time Off and Employee Leave

- | YES | NO | |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Attendance Expectations |
| <input type="checkbox"/> | <input type="checkbox"/> | Holidays |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaves of Absence |
| <input type="checkbox"/> | <input type="checkbox"/> | Parental Leave |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Time Off |
| <input type="checkbox"/> | <input type="checkbox"/> | Paid Sick Leave |
| <input type="checkbox"/> | <input type="checkbox"/> | Paid Time Off (PTO) |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Days |
| <input type="checkbox"/> | <input type="checkbox"/> | Sick Time |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacation |

Section 6: Office Conduct

- | | | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Company Devices |
| <input type="checkbox"/> | <input type="checkbox"/> | Company Communication |
| <input type="checkbox"/> | <input type="checkbox"/> | Company Property |
| <input type="checkbox"/> | <input type="checkbox"/> | Drugs and Alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Relations |
| <input type="checkbox"/> | <input type="checkbox"/> | Expense and Travel Reimbursement |
| <input type="checkbox"/> | <input type="checkbox"/> | Office Etiquette |
| <input type="checkbox"/> | <input type="checkbox"/> | Performance Evaluations |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone Use |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Media |
| <input type="checkbox"/> | <input type="checkbox"/> | Termination and Resignation |
| <input type="checkbox"/> | <input type="checkbox"/> | Tobacco Use/Smoking/E-cigarettes |

Section 7: Sign-Off Form

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|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Acknowledgement Form |
|--------------------------|--------------------------|-------------------------------|