Employee Handbook Builder

Data Collection Booklet

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# Handbook Setup

##

## Legal Disclaimer

##

## [No data entry necessary]

## Company Information

Company Name:

State:

## Handbook Setup

### Handbook Name

What do you want to name this employee handbook?

### Cover Page Logo

Would you like to add your company logo to the handbook’s cover page?

[ ]  Yes

[ ]  No

**[Note: If you select “Yes,” you will be required to upload an image]**

### Cover Page Last Updated Date

Would you like the last updated date to appear on the cover page of your handbook?

[ ]  Yes

[ ]  No

### Cover Page Header Text

Would you like to add header text to the handbook’s cover page?

[ ]  Yes:       [Enter header text]

[ ]  No

### Cover Page Footer Text

Would you like to add footer text to the handbook’s cover page?

[ ]  Yes:       [Enter footer text]

[ ]  No

### “Handbook” or “Manual”?

Would you like your document to be referred to as a handbook, manual, or something else?

[ ]  Handbook

[ ]  Manual

[ ]  Other:       [Insert desired name]

### “Company,” “Firm,” or “Association”?

Would you like your organization to be referred to as a company, firm, association, or something else in your document?

[ ]  Company

[ ]  Firm

[ ]  Association

[ ]  Other:       [Insert desired name]

##

## Signature Welcome Statement

Your handbook will begin with a welcome statement. If you would like the welcome statement to be attributed to a member of your company, please provide a name and title below.

Signing Name:       [Example: Tim Cook]

Title:       [Example: Chief Executive Officer]

##

[ ]  Do NOT include a signature in the welcome statement.

Your handbook will begin with a welcome statement. Please review and edit the welcome message below.

[ ]  Do NOT include this welcome statement in the handbook.

## Employee Questions

### Name of HR Department

How would you like your HR department to be referred to in the handbook?

[ ]  The Human Resources Department

[ ]  The Employee Relations Department

[ ]  The Personnel Department

[ ]  Other:       [Enter desired department name]

### Contact for Workplace and Sexual Harassment

Instead of the HR department or a supervisor, who should employees contact with workplace or sexual harassment complaints?

[ ]  Chairman

[ ]  President

[ ]  CEO

[ ]  CFO

[ ]  Vice President

[ ]  Other:       [Enter designated person]

## Employment Classifications

At your organization, how many hours per week must an employee work to be considered a full-time employee?

[ ]  40

[ ]  37.5

[ ]  35

[ ]  30

[ ]  Other:       [Ex: “28”]

## Paid Holidays

Do you offer paid holidays?

[ ]  Yes

[ ]  No

**[Answer the following questions only if you answered “Yes” to “Do you offer paid holidays?”]**

Which class(es) of employees are eligible for paid holidays?

[ ]  Full-time

[ ]  Part-time

[ ]  Short-term

[ ]  Other:       [Enter eligible classes of employees]

What are the paid holidays?

[ ]  Select all

[ ]  New Year’s Eve

[ ]  New Year’s Day

[ ]  Martin Luther King Jr. Day

[ ]  Presidents’ Day

[ ]  Good Friday

[ ]  Memorial Day

[ ]  Independence Day

[ ]  Labor Day

[ ]  Columbus Day

[ ]  Veterans’ Day

[ ]  Thanksgiving Day

[ ]  Day After Thanksgiving

[ ]  Christmas Eve

[ ]  Christmas Day

[ ]  Other:

## Employee Leave

### Bereavement Leave

Does your organization offer paid bereavement leave?

[ ]  Yes

[ ]  No

**[Answer the following questions only if you answered “Yes” to “Does your organization offer paid bereavement leave?”]**

How many days of paid bereavement leave can an employee take in the event of an immediate family member’s death?       [Ex: three (3) days]

How many days of paid bereavement leave can an employee take in the event of an extended family member’s death?       [Ex: one (1) day]

### Jury Duty Leave

Does your organization offer paid jury duty leave?

[ ]  Yes

[ ]  No

**[Answer the following question only if you answered “Yes” to “Does your organization offer paid jury duty leave?”]**

How many days of paid jury duty leave does your organization provide?       [Ex: five (5) days]

### Vacation, Sick, and Personal Days, or PTO

Does your organization provide employees with separate vacation, sick, and personal days, or do you provide one combined Paid Time Off (PTO) policy?

[ ]  Separate vacation, sick, and/or personal days policies

[ ]  One combined Paid Time Off (PTO) policy

### Paid Time Off (PTO)

**[Answer the following questions only if you answered “One combined Paid Time Off (PTO) policy” to “Does your organization provide employees with separate vacation, sick, and personal days, or do you provide one combined Paid Time Off (PTO) policy?”]**

Describe how full-time employees earn paid time off:

**[Please see the Employee Handbook Builder to answer this question]**

When can an employee start to use accrued PTO?

[ ]  30 days

[ ]  60 days

[ ]  90 days

[ ]  Other:       [Ex: “120 days”]

### Personal/Sick Leave

**[Answer the following questions only if you answered “Separate vacation, sick, and/or personal days policies” to “Does your organization provide employees with separate vacation, sick, and personal days, or do you provide one combined Paid Time Off (PTO) policy??”]**

Does your organization offer personal/sick leave?

[ ]  No

[ ]  Yes

**[Answer the following questions only if you answered “Yes” to “Does your organization offer personal/sick leave?”]**

How many hours of personal/sick leave can an employee accrue per month?

      [Ex: four (4) hours]

How many hours of personal/sick leave can an employee accrue in a 12-month period?

      [Ex: forty-eight (48) hours]

What is the maximum number of hours of personal/sick leave a full-time employee can accrue?

      [Ex: two hundred and forty (240) hours]

What is the maximum number of hours of personal/sick leave a part-time employee can accrue?

      [Ex: one hundred and twenty (120) hours]

## Employer-Specific Policies

Do you want to include information about COBRA health coverage?

[ ]  Yes

[ ]  No

Do you want to include information about family and medical leave laws, such as the federal Family and Medical Leave Act (FMLA)?

[ ]  Yes

[ ]  No

Do you want to include employee classifications related to the Affordable Care Act’s employer shared responsibility (“pay or play”) provisions?

[ ]  Yes

[ ]  No

## Payroll

### Payroll Frequency

What is your pay frequency?

[ ]  Weekly

[ ]  Bi-weekly

[ ]  Semi-monthly

[ ]  Monthly

### Payroll Practices

Do you authorize payroll deductions other than federal, state, and local taxes required by law and FICA (Social Security and Medicare) payments?

[ ]  No

[ ]  Yes:       [Ex: 401(k) contributions, flexible spending arrangement (FSA) contributions, or short-term disability insurance]

## Working Hours and Schedule

When does your organization begin business each day?

When does your organization close business each day?

What day does your organization’s workweek begin?

What day does your organization’s workweek end?

## Flex Time and Telecommuting

### Flex Time

Does your organization offer flex time?

[ ]  No

[ ]  Yes

**[Answer the following questions only if you answered “Yes” to “Does your organization offer flex time?”]**

When do your organization’s core hours begin?

When do your organization’s core hours end?

How many hours in a day is a person expected to work at your organization?       hours [Ex: eight (8)]

### Telecommuting

Does your organization allow employees to telecommute?

[ ]  No

[ ]  Yes:       [Ex: three (3) days per week]

## Employee Benefits

Do you want to include a list of benefits your organization provides to employees in the handbook?

[ ]  No

[ ]  Yes

**[Answer the following questions only if you answered “Yes” to “Do you want to include a list of benefits your organization provides to employees in the handbook?”]**

Do your organization’s employees contribute a portion of their salaries towards benefits?

[ ]  No

[ ]  Yes

Check ALL of the benefits that your organization provides:

[ ]  Select all

[ ]  Medical Plan

[ ]  Adoption Assistance

[ ]  Dental Plan

[ ]  Life Insurance Plan

[ ]  Long-Term Disability Plan

[ ]  Short-Term Disability Plan

[ ]  Vision Plan

[ ]  Supplemental Life Insurance

[ ]  Workers’ Compensation Insurance

[ ]  Health Flexible Spending Arrangement (FSA)

[ ]  Health Reimbursement Arrangement (HRA)

[ ]  Health Savings Account (HSA)

[ ]  Select this if you offer additional benefits not listed above.

## Dress Code

What is your organization’s dress code?

[ ]  Formal attire

[ ]  Business casual

[ ]  Casual attire

[ ]  Uniforms

[ ]  Other:       [Enter other dress code]

## Performance Reviews

When do new employees have their first performance review?

[ ]  After the first 3 months of employment

[ ]  After the first 6 months of employment

[ ]  After the first 12 months of employment

[ ]  Other:

When do employee performance reviews occur?

[ ]  Every 3 months

[ ]  Every 6 months

[ ]  Annually

[ ]  Other:

## Promotions and Transfers

Does your company post job openings internally?

[ ]  No

[ ]  Yes:       [Enter where internal job openings are posted (Ex: on the company intranet or on a bulletin board).]

When can employees be considered for promotions or request a transfer?

[ ]  Upon completion of 3 months of satisfactory job performance

[ ]  Upon completion of 6 months of satisfactory job performance

[ ]  Upon completion of 12 months of satisfactory job performance

[ ]  Other:

## Tuition Reimbursement

Is tuition reimbursement offered to employees?

[ ]  No

[ ]  Yes

**[Answer the following questions only if you answered “Yes” to “Is tuition reimbursement offered to employees?”]**

Which employees are eligible to receive tuition reimbursement?

      [Ex: Full-time employees who have worked continuously for at least 12 months]

What is the maximum amount of reimbursement per year?

      [Ex: $2,500]

Which tuition expenses are not reimbursable?

      [Ex: application fees, examination fees, parking tickets/passes, travel or lodging costs, miscellaneous fees, or expenses]

What is the reimbursement rate for book fees?

[ ]  Not Applicable

[ ]  25% of the employee’s out of pocket expense

[ ]  50% of the employee’s out of pocket expense

[ ]  100% of the employee’s out of pocket expense

[ ]  Other percentage of the employee’s out of pocket expense:

What is the minimum grade employees must receive in order to receive tuition reimbursement?

Is tuition reimbursement limited to courses offered through an accredited degree-granting institution?

[ ]  No

[ ]  Yes

## Travel Reimbursement

Is travel reimbursement offered to employees?

[ ]  No

[ ]  Yes

**[Answer the following questions only if you answered “Yes” to “Is travel reimbursement offered to employees?”]**

Select the types of travel reimbursement offered to employees:

[ ]  Select all

[ ]  Mileage reimbursement

[ ]  Parking reimbursement

[ ]  Rental cars for business-related travel

[ ]  Limo or taxi service

[ ]  Business entertainment

[ ]  Air travel

[ ]  Personal automobile usage

[ ]  Public transit reimbursement

[ ]  Accommodations

### Meals During Business-Related Travel

Does your organization reimburse meals during business-related travel?

[ ]  Yes

[ ]  No

**[Answer the following questions only if you answered “Yes” to “Does your organization reimburse meals during business-related travel?”]**

How much does your organization reimburse for breakfast? $       [Ex: 10]

How much does your organization reimburse for lunch? $       [Ex: 15]

How much does your organization reimburse for dinner? $       [Ex: 25]

Describe any non-reimbursable expenses during authorized travel:

## Company-Issued Credit Cards

Are employees provided with company-issued credit cards?

[ ]  No

[ ]  Yes

# General Policies

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  Equal Employment Opportunity

[ ]  Your Employment Relationship

[ ]  Recruitment and Hiring

[ ]  Exempt Employees

[ ]  Non-Exempt Employees

[ ]  Full-Time Employees

[ ]  Part-Time Employees

[ ]  Temporary Employees

[ ]  Seasonal Employees

[ ]  Orientation and Training

[ ]  Immigration Law Applicable to All Employees

[ ]  Hours of Work

[ ]  Flex Time

[ ]  Telecommuting

[ ]  Overtime Hours

[ ]  Attendance and Punctuality

[ ]  Inclement Weather

[ ]  Dress Code and Public Image

[ ]  Workspace

[ ]  Office Equipment

[ ]  Personnel Records

[ ]  Performance Reviews and Salary Reviews

[ ]  Internet Access

[ ]  Email

[ ]  Social Media

[ ]  Employee Privacy

[ ]  Telephones

[ ]  Smoking

[ ]  Drug-Free Workplace

[ ]  Substance Abuse

[ ]  Safety and Accident Rules

[ ]  Promotions and Transfers

# Discrimination and Harassment

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  Discrimination Is Prohibited

[ ]  Americans with Disabilities Act

[ ]  Workplace Harassment

[ ]  Supervisors’ Responsibilities

[ ]  Procedures for Reporting and Investigating Harassment

[ ]  Penalties for Violation of Anti-Harassment Policy

# Compensation

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  Payroll Practices

[ ]  Salary Deductions and Withholding

[ ]  Direct Deposit

# Benefits

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  General

[ ]  Medical Insurance

[ ]  Employee Contributions

[ ]  Late Applicants

[ ]  Open Enrollment

[ ]  Special Enrollment

[ ]  Continuation of Health Coverage

[ ]  Adoption Assistance

[ ]  Health Flexible Spending Arrangement (FSA)

[ ]  Health Reimbursement Arrangement (HRA)

[ ]  Health Savings Account (HSA) Contributions

[ ]  Dental Insurance

[ ]  Vision Insurance

[ ]  Short-Term Disability Plan

[ ]  Long-Term Disability Plan

[ ]  Life Insurance Plan

[ ]  Supplemental Life Insurance

[ ]  Workers’ Compensation Insurance

[ ]  Additional Benefits (Customization Needed)

[ ]  Tuition Reimbursement

[ ]  Company-Issued Credit Cards

[ ]  Travel, Lodging, and Entertainment

# Leave

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  Religious Observance

[ ]  Vacation

[ ]  Holiday Pay

[ ]  Paid Time Off (PTO) or Personal/Sick Leave

[ ]  Bereavement Leave

[ ]  Military Service Leave

[ ]  Family and Medical Leave

[ ]  Military Caregiver Leave

[ ]  Qualifying (Military) Exigency Leave

[ ]  Break Time for Nursing Mothers

[ ]  Appearance as a Witness

[ ]  Voting Leave

[ ]  Jury Duty Leave

# Miscellaneous

**[Please select which policies you would like to include in your employee handbook. To read or edit the language of these policies, please visit the Employee Handbook Builder.]**

[ ]  Leaving the Company

[ ]  Dispute Resolution

[ ]  Grievance Procedure