**Model Employee Handbook for Small Employers**

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**Table of Contents**

**1. Introductory Statements and Policies 3**

*1.1 Welcome Statement (General)* 3

*1.2 About This Handbook (At‐Will)* 3

**2. At‐Will Employment Notice 4**

*2.1 At‐Will Employment Notice (Conversational)* 4

**3. Classifications of Employment 3**

*3.1 Worker Classifications* 3

**4. Providing Equal Opportunity for Your Employees 6**

*4.1 Equal Employment Opportunity* 6

*4.2 Harassment Free Workplace* 7

*4.3 Sexual Harassment Free Workplace* 9

*4.4 Equal Employment Opportunities for People with Disabilities* 10

*4.5 Requests for Accommodation* 11

**5. Benefits 13**

*5.1 Personal Leave (Standard)* 13

*5.2 Military Leave* 14

*5.3 Military Training and Emergency Duty Leave* 16

*5.4 Family Medical Leave* 16

**6. Ethics 23**

*6.1 [Employer] and Ethics* 23

*6.2 Upholding the [Employer] Mission* 23

*6.3 Reporting Wrongdoing* 24

*6.4 Conflict of Interest (Financial)* 25

*6.5 Disclosure of Confidential Information* 26

**7. Safety 29**

7.1 [Employer] and Safety 29

*7.2 Preventing and Reporting Workplace Violence* 29

*7.3 Weapons (Prohibited)* 30

*7.4 Substance Abuse (Prohibited)* 30

*7.5 Smoking (Restricted)* 31

**1. Introductory Statements and Policies**

**1.1 Welcome Statement**

It is with great pleasure that [Employer] introduces this employee handbook to you. Our, employees are Central’s greatest assets and every employee plays an important part to our winning team.

Like any great team, we are comprised of different people from different backgrounds fulfilling different roles. These differences have made us stronger and our strength has contributed to our success as a company.

The messages that are part of this employee handbook are also part of our winning formula. One important message embodied in this employee handbook is that to succeed, we must respect the laws, regulations, and policies that govern our personal actions, our industry, and [Employer]. This employee handbook contains many of our internal policies. It is impossible for us to have a policy to address every conceivable issue that may occur at work. If an issue is not addressed in this handbook, please bring this issue to the attention of your supervisor, manager, and/or the Human Resources Department. Finally, all great teams are built on respect for the organization they represent and their teammates. [Employer] is built on that same respect. By respecting what each person brings to the company, we can achieve great things together.

**1.2 About This Handbook (At-Will)**

This employee handbook is meant to accomplish several goals. It describes your relationship with us, your employer. It lists our benefits, your eligibility for those benefits, and the procedures for accessing those benefits. It tells you whom to contact if you have questions or concerns. It contains our policies and procedures regarding your responsibilities as an employee. Finally, we hope it can answer many of the questions you may have as an employee.

**Employee Handbook, Limitations**

Please note there are also some things that this handbook, handbook, does not do. First, this handbook does not create a contract of employment between you and [Employer]. You are an at-will employee. That means that you are free to end your employment at your will at any time and the employer is free to do the same. Nothing in this handbook is meant to alter that relationship in any manner. Additionally, this handbook cannot address every circumstance that may occur while you are performing your duties. It cannot list every act you are permitted or not permitted to do while employed or answer every question you may have. Consequently, we ask that you inquire with your manager, supervisor, Human Resources Department before acting on matters that are in question or that this employee handbook, handbook, manual, policy manual, guideline e.g. does not address. If something is not addressed in this handbook, Central Insurance Companies] will act in its discretion as the law permits.

[Employer] also reserves the right to modify, supplement, or rescind any provision of this employee handbook, without notice. Please note that only the employer can make changes to this handbook and that those changes must be in writing and signed by the [President, CEO e.g.]. No person, no matter his or her title or position, can change the substantive term or conditions of your employment, including what is written in this [employee handbook, handbook, manual, policy manual, guideline e.g.] unless such changes are performed as described in this paragraph.

**Questions about This Policy**

If you have questions, suggestions or concerns about notice, you should direct them to your manager, your supervisor, or the Human Resources Department. If you feel uncomfortable discussing your questions, suggestions or concerns about this notice with the persons, listed above, you can direct them to the Human Resources Department.

**2. At-Will Employment Notice**

**2.1 At-Will Employment Notice (Conversational)**

[Employer] hopes your time with us is meaningful and fulfilling. However, situations may occur or circumstances may exist that make your employment at [Employer] no longer desirable or feasible for you or [Employer].

**At-Will Employment Notice**

You or [Employer] can terminate your employment at any time with or without cause, reason and/or notice. This is known as an at-will relationship meaning you can leave [Employer] at your will and [Employer] can terminate your employment at its will.

**Other Agreements Restricted**

The at-will relationship cannot be altered unless there is a formal contractual agreement signed by you and by [President, Vice-President, and Human Resources] that specifically states the at-will relationship has changed and a new standard is to be applied.

Importantly, no statements in this [employee handbook, handbook, manual, policy manual, guideline e.g.] or any verbal or written statement by employees or agents associated with [Employer] can alter the at-will relationship in any manner, including any statements or guarantees from any supervisor, manager or executive of [Employer], or any agent or [Employer].

Any agreement that contradicts your at-will status must be entered into by the [President, Vice-President, Human Resources Department e.g.] and will not be enforceable unless it is in writing and signed by you and by [President, Vice-President, Human Resources e.g.]. The agreement must specifically state that the at-will relationship between you and [Employer] has changed and a new standard is to be applied.

**Questions about This Notice**

If you have questions, suggestions or concerns about this notice, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this notice with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**3. Classifications of Employment**

**3.1 Worker Classifications**

[Employer] respects the value each worker brings to the team. Our workers make us better because of their remarkable attributes, skills and experiences.

**[Employer] Worker Classifications**

It is important that our employees understand how other workplace participants contribute to [Employer], for that reason, [Employer] has listed and provided a limited definition regarding all participants in our workplace.

There are some points we would like you to remember when reviewing these classifications:

All participants to our workplace contribute differently. We have different job duties, skills, experiences, and even the amount of time we spend at [Employer] is different. Despite our differences, our workplace will provide equal opportunity to each employee, no matter his or her classification.

[Please know that participants not employed by [Employer] contribute to our success including [temporary employees, leased employees, vendors, independent contractors and agents e.g.].]

Today’s workplace is dynamic. [Employer] must address changes and circumstances to keep us competitive and operating properly. Therefore, [Employer] reserves the right to change this [employee handbook, handbook, manual, policy manual, guideline e.g.], including the employee classifications listed below, as it sees fit and without notice.

Please also note that none of the classifications alter or diminish the at-will relationship [Employer] has with its employees.

**Classifications**

* There are [one, two, three, four, six, eight e.g.] employee classifications at [Employer]. One employee may have more than one classification. [Unless notified [in writing], you should assume that your classification is [full-time, non-exempt e.g.].]
* The classifications are:
* [Full-Time Employees—full-time employees work a minimum of [40, 35, 30 e.g.] hours a week. Full-time employees report to a [manager, supervisor e.g.].]
* [Part-Time Employees—part-time employees work no more than [35, 30, 25, 20hours per week. Part-time employees report to a [manager, supervisor e.g.].]
* [Seasonal Employees—seasonal employees work no more than [30, 60, 90, 120 e.g.] days a year. Seasonal employees report to a [manager, supervisor e.g.].]
* [Project Employees—project employees work according to the requirements of and time required to perform a project. Project employees report to the [manager, supervisor e.g.] of the project.
* [Contract Employees—contract employees work according to the requirements of
* A written agreement between [Employer] and the contract employee(s) or the contract employee’s employer. Contract employees report to the [the manager of the project or their employer].]
* [Temporary Employees—temporary employees are third party participants to our workplace that perform a job duty or occupy a position for a limited period of time. Temporary employees work with a [manager, supervisor], but are the employees of a [temporary] [contractor, agency, employer e.g.]. Temporary employees [work no more than, work approximately] [40, 35, 30 e.g.] hours a week.]
* [Leased Employees—leased employees are third party participants that work with a [manager, supervisor e.g.], but are employees of a leasing [contractor, agency, employer e.g.]. Leased employees [work no more than, work approximately] [40, 35, 30 e.g.] hours a week.]
* [Volunteers—volunteers are third party participants to our workplace that donate their time and skill. They receive no wages. Volunteers report to a [manager, supervisor e.g.].]

**Non-Exempt or Exempt**

In addition to [Employer’s] working relationship with its employees, [Employer’s] employees are classified by how they are paid.

The following are the pay classifications for [Employer’s] employees:

* [Non-exempt, Hourly] employees—[Non-exempt, Hourly] employees are [fulltime, part-time, seasonal e.g.] employees that are paid a wage based on the amount of time spent working. [Non-exempt, Hourly] employees [are required to “clock in” when beginning work and “clock out” when their shift ends]. [[Nonexempt, Hourly] employees are due overtime wages should they exceed 40 hours per week.]
* [Exempt, Salaried] employees—[Exempt, Salaried] employees are [full-time, part time, seasonal e.g.] employees that are paid a pre-determined wage [and are not required to either “clock in” or “clock out”]. [[Exempt, Salaried] employees are not due overtime wages.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**4. Providing Equal Opportunity for Your Employees**

**4.1 Equal Employment Opportunity**

Teamwork and success are built on a foundation of equality. For these and other reasons, [Employer] strives to provide equal opportunity for all employees and is committed to providing a work environment free of discrimination.

**Discrimination Prohibited**

Preventing discrimination begins with respect for and adherence to the law. Therefore, discrimination against individuals on the basis of race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, [state other class here], or any other status or condition protected by applicable federal, state or local laws, except where a bona fide occupational qualification applies, is strictly prohibited.

**Harassment Prohibited**

Verbal, physical, sexual or any other form of harassment that belittles or demeans any individual on the basis of race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, [state other class here], or any other status or condition protected by applicable federal, state or local laws is also strictly prohibited. Prohibited harassment includes conduct that has the purpose or effect of unreasonably interfering with an employee’s work performance or experience or creating an environment that is hostile, intimidating or offensive. Sexual advances; requests or demands for sexual favors; physical conduct of a sexual or harassing nature; sexual, racial, ethnic, national origin, disability or religious jokes; sexual, racial, ethnic, national origin, disability or religious slurs; and other harassing language or conduct that is meant to intimidate or that negatively impacts an employee’s work environment is strictly prohibited.

**Workplace Equality**

To promote equality, [Employer] will administer and conduct all personnel practices and procedures including employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, recruitment, layoffs and terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, or any other status or condition protected by applicable federal, state or local laws, except where a bona fide occupational qualification applies. This policy applies to every [employee, associate e.g.] that interacts with the workplace or who participates in work-sponsored activities no matter his or her authority, [or] position [or classification]. Violators of this policy are subject to investigation and discipline including, but not limited to, termination.

**Reporting Discrimination**

If you believe you are discriminated against or if you know or suspect discrimination to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.]. Please note that you are not required to confront the person or persons that have given you reason to report. However, if you experience wrongdoing, like discrimination or harassment, you must make a reasonable effort to make the wrongdoing known as soon as or soon after you experience or discover it. Discussing or reporting acts of discrimination or harassment to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of discrimination, including harassment. [Employer] may use third parties to investigate allegations of discrimination. All employees have a responsibility to cooperate fully with any investigation. Unreasonable refusal to participate in an investigation of a complaint of discrimination may lead to discipline.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of discrimination or harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel

Department, EEO Department, Compliance Department e.g.] [or the President]

4.2 Harassment Free Workplace

[Employer] is committed to providing a work environment based on mutual respect and teamwork. That means a work environment free of harassment.

**Harassment Prohibited**

[Employer] defines harassment as behavior or comments that create a hostile work environment for another person because of race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, [state other class here] or any other status or condition protected by applicable federal, state or local laws. Verbal, physical, sexual or any other form of harassment that belittles or demeans any individual on the basis of race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, [state other class here] or any other status or condition protected by applicable federal, state or local laws is also strictly prohibited.

Prohibited harassment includes conduct that has the purpose or effect of unreasonably interfering with an employee’s work performance or experience or creating an environment that is hostile, intimidating or offensive. Sexual advances; requests or demands for sexual favors; threats; physical conduct of a harassing nature; jokes; slurs; and other harassing language or conduct that is meant to intimidate or that negatively impacts an employee’s work environment is strictly prohibited.

**Harassment Free Workplace**

[Employer] does not tolerate and expressly prohibits harassment or any acts (physical, verbal or otherwise) that create a hostile or intolerable working environment for any employee, [volunteer, applicant, agent, contractor, customer, client or vendor e.g.] because of race, religion, color, sex, age, pregnancy, national origin, veteran or family status, [state other class here] or other status or condition protected by applicable federal, state or local laws. This policy applies to every person in the workplace and everyone who participates in work-sponsored activities no matter his or her authority, position or classification.

**Reporting Harassment**

If you believe you are harassed or if you know or suspect harassment to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.]. Please note that you are not required to confront the person or persons that have given you reason to report. However, if you experience wrongdoing, like harassment, you must make a reasonable effort to make the wrongdoing known as soon as or soon after you experience or discover it. Discussing or reporting acts of harassment to any person not listed above does not constitute a report. Retaliation Prohibited If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of harassment. [Employer] may use third parties to assist in such investigations. All employees have a responsibility to cooperate fully in any such investigation. Unreasonable refusal to participate in an investigation of a complaint of harassment may lead to discipline.

**[False Claims Prohibited]**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.]

**4.3 Sexual Harassment Free Workplace**

The best work environments are built on a foundation of respect for all those that contribute. For that and many other reasons, [Employer] is committed to providing a work environment free of sexual harassment.

**Sexual Harassment Prohibited**

[Employer] defines *sexual harassment* as behavior or comments that create a hostile work environment for another person because of his or her gender. This includes male-to-female, female-to-male, male-to-male, and female-to-female harassment. Verbal, physical, sexual or any other form of harassment that belittles or demeans any individual on the basis of sex, or any other status or condition protected by applicable federal, state or local laws is also strictly prohibited.

Prohibited sexual harassment includes conduct that has the purpose or effect of unreasonably interfering with an employee’s work performance or experience or creating an environment that is hostile, intimidating or offensive. Sexual advances; requests or demands for sexual favors; physical conduct of a sexual nature; sexual jokes; sexual slurs; and other harassing language or conduct that is meant to intimidate or that negatively impacts an employee’s work environment is strictly prohibited.

**Sexual Harassment Free Workplace**

[Employer] does not tolerate and expressly prohibits harassment or any acts (physical, verbal or otherwise) that create a hostile or intolerable working environment for any employee, [volunteer, applicant, agent, contractor, customer, client or vendor e.g.] because his or her gender or other protected status under law. This policy applies to every person in the workplace and everyone who participates in work-sponsored activities no matter his or her authority, position or classification.

**Reporting Sexual Harassment**

If you believe you are sexually harassed or if you know or suspect sexual harassment to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.]. Please note that you are not required to confront the person or persons that have given you reason to report. However, if you experience wrongdoing, like sexual harassment, you must make a reasonable effort to make the wrongdoing known as soon as or soon after you experience or discover it. Discussing or reporting acts of sexual harassment to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it.

Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of sexual harassment. [Employer] may use third parties to assist in such investigations. All employees have a responsibility to cooperate fully in any such investigation. Unreasonable refusal to participate in an investigation of a complaint of sexual harassment may lead to discipline.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false or frivolous claim of workplace wrongdoing, like a knowingly false claim of sexual harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.]

**4.4 Equal Employment Opportunities for People With**

**Disabilities**

[Employer] strives to provide equal opportunity for its disabled employees [and visitors] and is committed to providing an environment free of discrimination.

**Disability Discrimination Prohibited**

Employer] prohibits all unlawful discrimination against persons with disabilities that work for, [visit or interact] with [Employer]. Disabled employees and applicants are qualified individuals with a disability. A *qualified individual* with a disability is any person who can perform the essential functions of a job or position with or without reasonable accommodation. Disability means, with respect to an individual: a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Major life activities can include caring for yourself, walking, seeing, speaking, working, breathing, learning, concentrating, standing, lifting, and bending. Major life activities also include major bodily functions such as functions of the immune system, normal cell growth, digestive, bowel, bladder, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Workplace Equality**

[Employer] will administer and conduct all personnel practices and procedures including employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, recruitment, layoffs and terminations, training, education, recreational and social activities, and safety and health programs without regard to an employee or applicant’s disability, except when a bona fide occupational qualification applies or when an accommodation of a disability will create an undue hardship.

This policy applies to every [employee, associate person e.g.] that interacts with the workplace or who participates in work-sponsored activities no matter his or her authority, [or] position [or classification]. Violators of this policy are subject to investigation and discipline including, but not limited to, termination.

**Harassment Prohibited**

Verbal, physical or any other form of harassment that belittles or demeans any individual on the basis of disability is also strictly prohibited.

Prohibited harassment includes conduct that has the purpose or effect of unreasonably interfering with a disabled employee’s work performance or experience or creating an environment that is hostile, intimidating or offensive.

**Accommodations**

[Employer] will provide reasonable accommodation to any qualified individual with a disability as required under federal, state or local law. Direct your accommodation request in person or in writing to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department e.g.].

If you feel uncomfortable making the request to the aforementioned, you may also make an accommodation request to [the Human Resources Department, the Personnel Department, the EEO Department, President, owner, e.g.]. What is considered a reasonable accommodation varies and is determined by a number of factors, including safety. All requests for accommodation will be evaluated on a case-by-case basis taking into consideration all known circumstances.

**Reporting Disability Discrimination**

If you believe you are discriminated against or harassed because of a disability or if you know or suspect discrimination or harassment to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above or if you did report and

are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, and Compliance Department e.g.] [or the President, CEO e.g.].

Please note that you are not required to confront the person or persons that have given you reason to report. However, if you experience wrongdoing, like disability discrimination, you must make a reasonable effort to make the wrongdoing known as soon as or soon after you experience or discover it. Discussing or reporting acts of disability discrimination to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it.

Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of disability discrimination, including harassment. [Employer] may use third parties to investigate allegations of discrimination. All employees have a responsibility to cooperate fully with any investigation. Unreasonable refusal to participate in an investigation of a complaint of disability discrimination may lead to discipline.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like disability discrimination, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**4.5 Requests for Accommodation**

It is the intent of [Employer] to make its workplace equal for its applicants and employees. Circumstances may arise where reasonable accommodation for an applicant or employee is necessary to meet this objective.

**Accommodations**

[Employer] will make reasonable accommodations (changes or exceptions to job routines, requirements, policies, and procedures for example) when necessary [or appropriate]. What is considered a reasonable accommodation varies and is determined by a number of factors, including safety. All requests for accommodation will be evaluated on a case-by-case basis taking into consideration all known circumstances.

**Accommodations for Disability**

[Employer] will provide reasonable accommodation to any qualified individual with a disability as required under federal, state or local law. A “qualified individual” with a disability is any person who can perform the essential functions of a job or position with or without reasonable accommodation. Disability means, with respect to an individual a physical or mental impairment that substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such as impairment. Major life activities can include caring for yourself, walking, seeing, speaking, working, breathing, learning, reading, concentrating, thinking, standing, lifting, or bending. Major life activities also include major bodily functions, such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Other Accommodations**

In addition to providing reasonable accommodation to persons with a disability, [Employer] will also make a reasonable accommodation for pregnant employees and the needs of employees to practice their religion. If another reason exists for asking for an accommodation, [Employer] will consider it in the manner addressed in this policy.

**To Make an Accommodations Request**

Direct your accommodation request in person or in writing to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department e.g.]. If you feel uncomfortable making the request to the aforementioned, you may also make an accommodation request to [the Human Resources Department, the Personnel Department, the EEO Department, President, owner, e.g.].

What is considered a reasonable accommodation varies and is determined by a number of factors, including safety. All requests for accommodation will be evaluated on a case-by-case basis taking into consideration all known circumstances.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it.

Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, Compliance Department e.g.].

If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.]

**5. Benefits**

**5.1 Personal Leave (Standard)**

[Employer] understands that you have a life away from work [or that situations outside your control, like illness or injury, may require you to miss work]. For this and other reasons, [Employer] provides [paid] personal leave to eligible employees in recognition of their service.

**Eligibility**

Personal leave is available to the following employees:

* [Full-time employees who have worked more than [30 days, 90 days, six
* (6) months, one (1) year e.g.] [consecutively] [cumulatively] for [Employer]; and]
* [Part-time employees who have worked more than [six (6) months, one (1) year, two (2) years e.g.] [consecutively] [cumulatively] for [Employer].]

Employee classifications not eligible for personal leave include:

* [Full-time employees who have worked less than [30 days, 90 days, six (6) months, one (1) year e.g.] [consecutively] [cumulatively] for [Employer];
* [Part-time employees who have worked less than [six (6) months, one (1)
* year, two (2) years e.g.] [consecutively] [cumulatively] for [Employer]];
* [Seasonal employees];
* [Temporary employees; and]
* All other employee classifications and third party workplace participants not listed as eligible for leave.

Please consult [this handbook, guide, your offer of employment e.g.] to determine your employee classification.

If eligible for personal leave, [Employer] will provide information to you regarding the amount of personal leave to which you are eligible.

**Requesting Personal Leave**

To request leave, you should provide [3, 12, 24, 48, 72 e.g.] hours’ notice to [your manager, supervisor, the Human Resources Department, the Personnel Department, Benefits Department e.g.]. Failure to provide proper notice may result in denial of personal leave requests.

[To request more than [three, four, five, six e.g.] consecutive days of personal leave, you will need to [provide notice to your manager, supervisor, the Human Resources Department, the Personnel Department, Benefits Department e.g.] within [two, three, four, five, six e.g.] months of your first requested day from work.]

[Employer] wants eligible employees to take their personal leave and an effort will be made to accommodate personal leave requests. Requests for accommodation will be made on a case-by-case basis. [Employer] reserves the right to deny specific requests of certain dates or times for [business purposes, scheduling conflicts, burden on the organization e.g.].

**[Personal Leave Not Used**

[Personal leave not used during the time period provided does not carry forward to the next year.]

[[Employer] permits eligible employees to carry over [3, 5, 7 days; 50 percent of eligible time; 100 percent of leftover time e.g.] to the next year.]

[[Employer] encourages employees to take their personal leave during the year it accrues. If an eligible employee is unable to take his or her personal leave during the year it accrues, the leave untaken will carry forward [into the following year, into the first 90 days of the following year e.g.].]

[[Employer] encourages employees to take their personal leave during the year it accrues. If an eligible employee is unable to take his or her personal leave during the year it accrues, [Employer] will compensate the employee for each day not taken at his or her rate of pay at the end of the year.]]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department, the Benefits Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department, Benefits Department e.g.] [or the President, CEO e.g.].]

**5.2 Military Leave**

[Employer] understands the sacrifice that the men and women of our armed forces make to preserve our freedoms. [Employer] strongly supports the laws that support these brave and committed men and women.

**Notice**

[Employer] requests that any employee going on active military duty provide as much notice as possible of his or her activation to his or her [manager, supervisor e.g.] and to [Human Resources Department, Personnel Department e.g.].

**Reinstatement**

Upon returning from military duty, employees that are members of the United States Armed Forces, including volunteers, reservists, and the National Guard, will be restored to the position they would have attained if they had continued to work at their former position or to a “like position” of similar seniority, status and pay.

**Wages**

Once eligible employees have returned to work, their wages will be determined by what they would have been paid had they not gone on leave or based on the present rates of the position should the position require new responsibilities.

**Benefits**

All benefits due eligible employees under the policies of [Employer] will accrue during the employee’s leave. Returning employees become eligible for these benefits once they return to work.

**Prohibitions**

Service members that were on active duty with our armed services for six months or more will not be terminated for one full year after their return except when good cause exists for such termination.

Past and present members of the armed services and those that have applied for membership into the armed services are protected from discrimination and retaliation because of their membership in the armed services.

**Reporting a Violation of This Policy**

If you suspect a violation of this policy to yourself or to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].

Please note that you are not required to confront the person or persons that have given you reason to report. Discussing or reporting violations of this policy to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it.

Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of violations of this policy. [Employer] may use third parties to investigate suspected violations. All employees have a responsibility to cooperate fully with any investigation. Unreasonable refusal to participate in an investigation may lead to discipline.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**5.3 Military Training and Emergency Duty Leave**

[Employer] provides members of the armed services reserve or National Guard leave to attend military training or to attend to state or national emergencies.

**Eligible Employees**

Eligible employees are current members of the armed services reserve or National Guard.

**Other Leave**

[This leave is in addition to any vacation and personal leave provided to eligible employees].

[This leave is provided only after the eligible employee has exhausted his or her [vacation [and/or] personal leave.]]

**[Wages**

Eligible employees of the armed services reserve or National Guard will receive

the difference between their wages at [Employer] [at the average [daily, weekly

e.g.] wage] and wages received from the armed services reserve or National

Guard to attend training or to respond to an emergency for up to 20 days in a

calendar year.]

**Notice**

Eligible employees must provide a copy of the military order to [their manger,

their supervisor, the Human Resources Department, the Personnel Department

e.g.] within 24 hours of receiving the order to attend training or when called to duty.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**5.4 Family Medical Leave**

[Employer] recognizes the importance of family and medical responsibilities. Accordingly, [Employer] provides time away from work for eligible employees to recover from an injury, illness or condition or to care for a family member in accordance with the Family and Medical Leave Act of 1993 (“FMLA”) and the National Defense Authorization Act for FY 2008 (“NDAA”). The NDAA amended the FMLA to provide two types of military-related family leave for employees who are otherwise FMLA-eligible —

“Qualifying Exigency Leave” and “Military Caregiver Leave.”

**Are You Eligible for FMLA Leave?**

To be eligible to apply for any FMLA leave under this policy: 1. You must have worked for [Employer]: a. for a total of at least 12 months; **and**

b. for at least 1,250 hours during the 12 months immediately preceding the start of the leave; **and**

2. You must also work at a worksite:

a. with 50 or more employees; **or**

b. where 50 or more employees are located within 75 miles of your worksite.

If you do not meet this eligibility test, you are not eligible for any type of FMLA leave.

**Qualifying Reasons for FMLA Leave**

If you are eligible under the criteria set forth above, [Employer] will grant you FMLA leave if you follow the procedures in this policy set forth below and request the leave under any of the following six FMLA Qualifying Reasons for leave.

After you identify for which Qualifying Reason you seek FMLA leave, check the “Definitions” section of this policy below for the meaning of the specific terms in that Qualifying Reason. Here are the six Qualifying Reasons:

1. The birth of your child if the leave is completed within twelve (12) months of the date of birth of the child;

2. The placement for adoption or foster care of a child with you if the leave is completed within 12 months of the date of placement of the child;

3. To care for an Eligible Family Member if that individual has a

Serious Health Condition;

4. For your own Serious Health Condition that renders you unable to perform the essential functions of your job;

5. Qualifying Exigency Leave – this leave is taken because of a Qualifying Exigency arising out of the fact that a Military Member in your family is on Covered Active Duty Status (or has been notified of an impending call or order to such covered Active Duty) in the

Armed Forces; or

**6.** Military Caregiver Leave – this leave is taken because a Covered Service member in your family has a Serious Illness or Injury and needs your care.

**How Long is the Leave Benefit?**

You are entitled to a maximum of 12 weeks of unpaid leave during a [e.g., rolling 12-month period or calendar year]. If you take Qualifying Exigency Leave, you are entitled to a maximum of 12 weeks of Qualifying Exigency Leave during a [e.g., rolling 12-month period or calendar year].

If you take Military Caregiver Leave, you are entitled to a maximum of 26 weeks within the 12 months following the first day of Military Caregiver Leave, regardless of the [e.g., rolling 12-month period or calendar year] used by [Employer] for other FMLA leave reasons. The 26 weeks is calculated on a per service member, per injury basis.

You [must, may] apply any accrued paid vacation; personal days; or illness, injury and recovery leave or short-term disability leave to FMLA leave. [FMLA leave will run concurrently with any other type of paid leave.] Any remaining FMLA leave time left after the exhaustion of other leaves will be unpaid leave.

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*Spouses’ Combined Leave*

If you and your spouse are both eligible and employed by [Employer], you are jointly entitled to a combined total of 12 weeks of leave for the birth of your child or for placement for adoption or foster care of a child with you or for the care of a parent with a Serious Health Condition. Likewise, spouses who are both employed by [Employer] are jointly entitled to a combined total of 26 weeks of Military Caregiver Leave to care for a Covered Service member.

**Definitions**

To help you better understand if you have an FMLA Qualifying Reason for leave, the following definitions are provided:

* *Eligible Family Member:* an Eligible Family Member is your spouse, Son, Daughter, or Parent (but not a parent “in-law”).
* *Son* or *Daughter:* any child under 18 who is your biological, adopted, stepchild, legal ward, or foster child; or a child whom you supervise on a day-to-day basis (*in loco parentis)* and for whom you are financially responsible. A *Son* or *Daughter* is also any child over 18 who are incapable of self-care because of a mental or physical disability. For purposes of Qualifying Exigency Leave or Military Caregiver Leave, the age of the Son or Daughter is not limited.
* *Parent:* your biological parent, or one who stood in the place of (in *loco parentis)* your biological parent when you were a child.
* *Spouse:* the other person with whom you entered into marriage as defined or recognized under state law for purposes of marriage in the State in which the marriage was entered into, or in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This includes an individual in a same sex or common law marriage that either: (1) was entered into in a State that recognizes such marriages; or (2) if entered into outside on any State, is valid in the place where entered into and could have been entered into in at least one State.
* *Serious Health Condition:* a Serious Health Condition is an illness, injury,
* impairment or physical or mental condition that requires in-patient care in a hospital, hospice or residential medical care facility or that requires Continuing Treatment by a health care provider. It does not mean short term conditions in which treatment and recovery are brief; routine physical exams; or voluntary or cosmetic treatments that are not medically necessary, unless in-patient hospital care is required.

*Continuing Treatment* means: (1) a period of incapacity of more than three consecutive, full calendar days plus treatment by a health care provider twice, or once with a continuing regimen of treatment; (2) any period of incapacity related to pregnancy or for prenatal care; (3) any period of incapacity or treatment for a Chronic Serious Health Condition; (4) a period of incapacity for permanent or long-term conditions for which treatment may not be effective; or (5) any period of incapacity to receive multiple treatments (including recovery from those treatments) for restorative surgery, or for a condition which would likely result in an incapacity of more than three consecutive, full calendar days absent medical treatment. If the Serious Health Condition is under the period of incapacity of more than three consecutive, full calendar days and any subsequent treatment or period of incapacity relating to the same condition, your first treatment visit (or only visit, if coupled with a regimen of continuing treatment) must take place within seven days of the first day of incapacity.

If the Serious Health Condition involves treatment of two or more times, the two visits to a health care provider must occur within 30 days of the first day of incapacity.

A *Chronic Serious Health Condition* is one that (1) requires Periodic Visits for treatment by a health care provider or nurse under the supervision of the health care provider, (2) continues over an extended period of time, and (3) may cause episodic rather than continuing periods of incapacity.

*Periodic Visits* for treatment of a Chronic Serious Health Condition means at least twice a year visits.

* *Key Employee:* You are key employee if you are a salaried employee who is among the highest paid ten percent of all employees employed by [Employer] within 75 miles of your worksite.
* *Qualified Exigency Leave:* This is leave that may be taken by you for any Qualifying Exigency arising out of the fact that a Military Member is on Active Duty Status or on call to that status.
* *Qualifying Exigency:* The most common types of events considered a Qualifying Exigency are: attending military-sponsored functions, making appropriate financial and legal arrangements, arranging for alternative childcare, and attending counseling. The child need not be the child of the employee requesting leave (ex. employee’s grandchild). This includes certain post-deployment exigencies, including reintegration activities for a period of 90 days following the termination of a Military Member’s Active Duty Status.
* Qualifying Exigency also means eligible employees may take leave to care for a Military Member’s parent who is incapable of self-care when the care is necessitated by the member’s Covered Active Duty. Such care may include arranging for alternative care, providing care on an immediate need basis, admitting or transferring the parent to a care facility or attending meetings with staff at a care facility. Qualifying Exigency also means Rest and Recuperation time an eligible employee can spend with a Military Member. This is available a maximum of 15 calendar days.
* *Military Member:* A Military Member for purposes of Qualifying Exigency Leave is your Spouse, Son, Daughter, or Parent who is on Active Duty Status or on call to that status in the National Guard, Reserves, and the Regular Armed Forces.
* *Covered Active Duty Status:* Covered Active Duty Status for purposes of Qualifying Exigency Leave means when a Military Member is under a call or order to active duty (or has been notified of an upcoming call or order) in support of a contingency operation and will be deployed to a foreign country. Family members of service members in the Regular Armed Forces are not entitled to Qualified Exigency Leave.
* *Military Caregiver Leave:* This is leave that may be taken by you to care for a Covered Service member with a Serious Injury or Illness. This care means providing physical or psychological care, transportation for care, and/or time to make arrangements for care.
* *Covered Service member*: For purposes of Military Caregiver Leave, a Covered Service member is your Spouse, Son, Daughter, Parent, or next of kin (your nearest blood relative) who has a Serious Injury or Illness. This leave applies to those service members, including Covered Veterans, of the Regular Armed Forces and the National Guard or Reserves, who are undergoing medical treatment, recuperation, or therapy, including outpatient status or being on the temporary disability retired list for a Serious Injury or Illness incurred in the line of duty on active duty.
* *Covered Veteran*: For purposes of Military Caregiver Leave, a Covered Veteran is an individual who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the Covered Veteran. (The period of time between October 28, 2009 and March 8, 2013 is excluded in the determination of the five-year period for Covered Veteran status.
* *Serious Injury or Illness*: For purposes of Military Caregiver Leave, Serious Injury or Illness means an injury or illness that was incurred by the service member in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the service member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the service member medically unfit to perform the duties of the service member’s office, grade, rank, or rating; and For Covered Veterans, it means an injury or illness that was incurred by the member in line of duty on Active Duty in the Armed Forces (or that existed before the beginning of the Active Duty and was aggravated by service in line of duty on Active Duty in the Armed Forces) and that manifested itself before or after the member became a Covered Veteran, and is:
* A continuation of a serious injury or illness that was incurred or aggravated when the Covered Veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member’s office, grade, rank, or ranking; OR
* A physical or mental condition for which the covered veteran has received a VA Service Related Disability Rating (VASRD) of 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; OR
* A physical or mental condition that substantially impairs the veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would do so absent treatment; OR
* An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

**Notice Requirements**

When the need for leave is foreseeable, you must provide the [e.g., Human Resource Department, Personnel Department] with a written request for leave at least 30 days prior to the leave and must attempt to schedule the leave to minimize the effect on [Employer]. When the leave is not foreseeable, you must provide notice to the [e.g., Human Resource Department, Personnel Department] as soon as practicable after you determine you need the leave [and comply with [Employer’] s normal call-in procedures].

You may take leave intermittently (in periods of days or partial days) when medically necessary or occasioned by a Qualified Exigency. However, you must apply for and obtain approval from [Employer] to take intermittent leave for the birth or care of your child, except pregnancy-related leave that would qualify as leave for a Serious Health Condition. As with FMLA leave taken in one block of time, if requesting FMLA leave on an intermittent basis, you must provide at least 30 days’ notice when your need for FMLA leave is foreseeable. When it is not, you must notify [Employer] as soon as practicable. [If you are absent due to illness or injury for more than [e.g., three, four, five] consecutive workdays, you are required to apply for FMLA leave under this policy.]

**Certification**

[Employer] will require you to provide certification for the need for family-related leave. To apply for leave, pick up the required documents/forms from [e.g., Human Resources Department, Personnel Department, and Benefits Department]. You must provide the certification within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in

a denial of continuation of leave. [Employer] also requires you to obtain a medical certification from the health care provider who is treating you or your family member. [You may obtain [certification

forms or practitioner forms] from [e.g., Human Resource Department, Personnel Department, and Benefits Department]. [Employer] may directly contact your health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. [[Employer] will not use your direct supervisor for this contact.] Before such direct contact with the health care provider, you will be given an opportunity to resolve any deficiencies in the medical certification. Failure to resolve any deficiencies may result in the delay or denial of leave.

To verify your Serious Health Condition, [Employer] may, at its discretion and expense, require you to obtain the opinion of a second health care provider designated or approved by [Employer]. If there is a conflict between the first and second opinions, [Employer] may, at its discretion and expense, require a third opinion from a different provider [chosen jointly by you and [Employer].] The third opinion will be binding.

Within five business days after you have submitted the appropriate certification form, the [e.g., HR Director] will complete and provide you with a written response to your request for FMLA leave.

*Certification for Qualifying Exigency Leave* [Employer] will require certification of Qualifying Exigency leave. As is requiredfor other types of FMLA leave, you must respond to such a request within 15days of the request or provide a reasonable explanation for the delay. Failure toprovide certification may result in a denial of continuation of leave. *Certification for Military Caregiver Leave*

[Employer] will require certification for the Serious Injury or Illness of the Covered Service member. As is required for other types of FMLA leave, you must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave.

*Intermittent Leave Certification*

After [Employer] requests certification, you will have at least 15 calendar days to submit the paperwork to [Employer]. If your medical certification is incomplete or insufficient, [Employer] will specify in writing what information is lacking and allow you seven days to cure the deficiency.

[Employer] can insist on a health care provider’s estimate of how often you will need time off. [Employer] may wait until that estimate is received to approve intermittent leave. [Employer] may temporarily transfer you to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when you or your family member’s leave is foreseeable and for planned medical treatment, including recovery from a Serious Health Condition or to care for your child after birth, or placement with you of a child for adoption or foster care. *In the case of intermittent Military Caregiver Leave*, [Employer] may transfer you, with equivalent pay and benefits, if you need leave on an intermittent or reduced leave schedule to care for a Covered Service member that is foreseeable based on planned medical treatment for the service member.

Employer] may request recertification for your or your family member’s Serious Health Condition no more frequently than every 30 days and only when circumstances have changed significantly, or if you receive information casting doubt on the reason given for the absence, or if you seek an extension of your leave. Otherwise, [Employer] may request recertification for your or your family member’s Serious Health Condition every six months in connection with an FMLA absence. [Employer] may provide your health care provider with your attendance records and ask whether the need for leave is consistent with your Serious Health Condition. Certification/recertification must be returned to [Employer] within 15 days. Failure to provide certification in the requested time period may result in the delay or denial of leave.

*Fitness for Duty*

[Employer] will require a “fitness for duty” certification upon your return to work, if leave was taken for your own Serious Health Condition. The “fitness for duty” certification must certify that you are able to return to work and perform the essential functions of your position. [A copy of your job description will be supplied with the designation notice.]

*GINA Information*

To comply with the Genetic Information Nondiscrimination Act of 2008 (GINA), [Employer] will ask your health care providers to not provide any genetic information as defined by GINA when responding to a request for your or your family member’s medical information, except as allowed by specific GINA exceptions.

**While on Family and Medical Leave**

*Periodic Reporting*

[Employer] [Requires, may require] you to report periodically to your [e.g., manager, supervisor, Human Resource Department, Personnel Department, Benefits Department] as to your leave status and your return to work, once known.

*No Employment While on Leave*

You may not engage in gainful employment while on authorized leave under this policy unless permission to engage in such employment is granted in writing by [e.g., Human Resources Department, Personnel Department, Benefits Department, or the President, CEO, owner].

*[Health Insurance Plans:*

During periods of unpaid leave, [Employer] will continue providing health care coverage at the same level of any health benefit plans you are enrolled in at the time you take leave, as long as you continue to pay the portion of the premium that you made before taking the leave. This payment must be received in the [e.g., Accounting Department] by the [\_\_\_] day of each month. If the payment is more than 30 days late, your health care coverage may be dropped for the duration of the leave. [Employer] will provide 15 days' notification prior to your loss of coverage. If you choose not to return to work for reasons other than because of your or your family member’s continued Serious Health Condition or a circumstance beyond your control, you must reimburse [Employer] the amount it paid for your premiums during the leave period.]

*Paid Leave Benefits:*

When you are on unpaid leave under this policy, you [will, will not] accrue benefits such as [e.g., vacation; illness, injury and recovery leave, personal leave].

*Life or Disability Insurance:*

If you contribute to a life insurance or disability plan, while on leave under this policy, you may request continuation of such benefits and make your portion of the premium payments. If you do not continue these payments, [Employer] may discontinue coverage during the leave. [Employer], in the alternative, may choose to maintain such benefits during the leave and pay your share of the premiums. [Employer] may recover the premium costs incurred for paying your share, whether or not you return to work.]

**When You Return from Leave — Reinstatement**

Generally, when you return from FMLA leave, you will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms unless business circumstances have affected the position. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions.

*Key Employee Exception to Reinstatement*

A key employee is a salaried employee who is among the highest paid ten percent of all employees employed by [Employer] within 75 miles of the employee’s worksite. [Employer] may refuse to reinstate certain key employees where restoration to employment will cause substantial and grievous economic injury to its operations. If you are a key employee, [Employer] will notify you in writing of your status as a key employee, the reasons for denying job restoration, and provide you a reasonable opportunity to return to work after notification.

**Exhaustion of Leave**

Your employment will be terminated when you have exhausted your FMLA leave unless you have additional leave as a reasonable accommodation under the Americans with Disabilities Act or pursuant to other policies of [Employer]. FMLA leave will not be counted as an absence under [Employer]’s attendance policy. The protections afforded by USERRA extend to all Military Members (active duty and reserve), and all periods of absence from work due to or necessitated by USERRA-covered service is counted in determining an employee’s eligibility for FMLA leave.

**Reporting Violations of this Policy**

If you are experiencing any violation of this policy, or if you know of or suspect violation of the policy by another employee or workplace participant, you must report it immediately to [e.g., your manager, your supervisor, Human Resources Department, Personnel Department, Compliance Department].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [e.g., Human Resources Department, Personnel Department, Compliance Department or the President, CEO, owner].

Please note that you are not required to confront the person or persons who have given you reason to report. However, if you experience any violation of this policy, or if you know of or suspect violation of the policy by another employee or workplace participant, you must make a reasonable effort to make the violation known as soon as you experience or discover it. Discussing or reporting policy violations to any person not listed above does not constitute a report.

**Retaliation Prohibited**

Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power. If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of this policy, you should report the retaliation immediately in the manner provided above, regardless of the accused’s identity or position.

Please note that you do not have to confront the person who is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant, who retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination.

**Workplace Investigations**

A report of retaliation for reporting a violation of this policy or a report of a violation of this policy that is made to those listed above will result in an appropriate investigation of the allegations. [Employer] may use third parties to investigate allegations. All employees and workplace participants have a responsibility to cooperate fully with any investigation.

The interviews, allegations, statements, and identities will be kept confidential, on a need-to know basis, consistent with the law and the investigation process and goals. Unreasonable refusal to participate in an investigation may lead to discipline, including termination.

Those found to have violated this policy or to have retaliated against another in violation of this policy are subject to discipline including, but not limited to, termination, consistent with the law, the results of the investigation, the severity of the conduct, and the person’s employment history, including any similar reports of prior violations and/or retaliation.

**Knowingly False Reports Prohibited**

Any employee or workplace participant who makes a knowingly false report of a violation of this policy or retaliation will be subject to discipline, including termination.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [e.g. your manager, your supervisor, Human Resources Department, Personnel Department or Compliance Department].

If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with those listed above, you can direct them to the [e.g. Human Resources Department, Personnel Department, Compliance Department, or the President, CEO, owner.]

**Ethics**

**6.1 [Employer] and Ethics**

[Employer] has its foundation based on ethics including the ethical principles of integrity and respecting the rights of others. To be “*ethical”* means making the ethical choice, as well as asking for advice when the ethical choice is not clear. We require that when you act on our behalf you do so for the betterment of [[Employer], our shareholders, our customers, clients e.g.] and all employees and not for personal gain or influence. We demand honesty, integrity, respect for others and adherence to the law.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [e.g. your manager, your supervisor, Human Resources Department, Personnel Department or Compliance Department].

If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with those listed above, you can direct them to the [e.g. Human Resources Department, Personnel Department, Compliance Department, or the President, CEO, owner.]

**6.2 Upholding the [Employer] Mission**

[Employer] [creates the best widgets in the world; provides quality dental care to the southwest region; is dedicated to helping foster children find homes, e.g.]

**Upholding the Mission**

Our [employees, people, associates e.g.] are important in helping us achieve our mission. Meeting the standards set by our mission requires your participation as an individual and as a part of the [Employer] team. Teamwork demands that we show each other respect; treat each other with dignity; and exhibit goodwill toward anyone that interacts with our [workplace, people, e.g.].

To our [customers, clients, shareholders, citizens, students e.g.] our [employees, people, associates e.g.] are the face of [Employer] at and away from work. Therefore, our employees must engage in conduct worthy of [Employer] and its mission at all times. Respecting [Employer] and its mission means more than following the requirements put forth in this [handbook, guide e.g.]. It means avoiding any circumstance that could cause embarrassment to [Employer]; place other team

members in false light; or place the mission of [Employer] in jeopardy.

We welcome your involvement and look forward to working together as we strive

to meet the high standards of [Employer].

**Reporting a Violation of This Policy**

If you suspect a violation of this policy to yourself or to another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].

Please note that you are not required to confront the person or persons that have given you reason to report. Discussing or reporting violations of this policy to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President]

**6.3 Reporting Wrongdoing**

Wrongdoing can come in many shapes and forms. Whatever form wrong doing takes, it should not be part of [Employer].To prevent wrongdoing, [Employer] must know about wrongdoing. Therefore, if you witness; hear of; or suspect wrongdoing has occurred in the workplace or at a workplace event; it is important that you report what you know immediately.

**Reporting Wrongdoing**

If you are experiencing wrongdoing or if you know or suspect wrongdoing to another employee or workplace participant, you must report it immediately to your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. If you do not feel comfortable reporting as listed above, or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].

Please note that you are not required to confront the person or persons that have given you reason to report. However, if you experience wrongdoing, you must make a reasonable effort to make the wrongdoing known as soon as you experience or discover it, or soon after. Discussing or reporting acts of wrongdoing to any person not listed above does not constitute a report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of discrimination or harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel

Department, EEO Department, Compliance Department e.g.] [or the President]

**6.4 Conflict of Interest (Financial)**

[Employer] requires that employees make decisions on what is in the best interest of [Employer].

Therefore, you shall avoid situations that create; potentially create; or give the appearance of creating a conflict with the mission or objectives of [Employer]; or could cast doubt upon your objectivity between your personal interests and the interests of [Employer].

**Financial Conflicts of Interest**

[Employer] prohibits you or your immediate family from having any financial or other interest (directly or indirectly) in any of [Employer’s] suppliers or other organizations with whom [Employer] has significant business dealings. [This requirement applies regardless of whether you have any direct business dealing with the supplier or vendor in question].

Ownership of stock in a publicly owned company whose shares are traded through normal markets is permissible in most cases.

**Disclosure**

You are required to disclose any financial holdings that may create a conflict of interest to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the Compliance Department, e.g.] once known.

**[Reporting Conflict of Interest**

If you know or suspect a conflict of interest or potential conflict of interest of another employee or workplace participant, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above, or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.]

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.]]

Please note that you are not required to confront the person or persons that have given you reason to report. However, if you suspect a conflict of interest, you must make a reasonable effort to make the conflict known as soon as you discover or suspect it, or soon after. Discussing or reporting a potential conflict of interest to any person not listed above does not constitute a report.]

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of a conflict of interest. [Employer] may use third parties to assist in such investigations. All employees have a responsibility to cooperate fully in any such investigation. Unreasonable refusal to participate in an investigation of a complaint of a conflict of interest may lead to discipline.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of discrimination or harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

[If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel

Department, EEO Department, Compliance Department e.g.] [or the President]

**6.5 Disclosure of Confidential Information**

[Employer] requires that you not disclose to anyone outside of [Employer], or use in any manner outside of your job duties or functions, confidential information relating to the [Employer] unless such disclosure is specifically authorized in advance by [Employer]. Moreover, you are admonished not to disclose non-public information for your or another person’s financial advantage, including friends, acquaintances or relatives.

**What Is Confidential Information?**

*Confidential information* shall include all confidential and proprietary information of [Employer], including, but not limited to, trade secrets and customer lists, whether in written, oral, electronic, magnetic, photographic, optical, or any other form now existing or created or developed, including, but not limited to, the following:

[(a) Information relating to [Employer’s] planned or existing computer systems, system architecture, computer hardware, computer software, source code, object code, documentation, program libraries, program listings, processing methods, technical processes and operational methods];

[(b) [Employer’s], sales, profits, pricing, and other financial information];

[(c) [Employer’s] customer/client data or lists; existing or planned sales and marketing activities or strategies];

[(d) Information regarding [Employer’s] existing or planned organizational restructuring, business affairs, and business initiatives];

[(e) Information regarding [Employer’s] customers, subcontractors, employees, directors and officers, shareholders or contractors];

[(f) Confidential information of a third party licensed to, possessed by, or in the control of [Employer]];

[(g) Information regarding employees, including, but not limited to, health and financial information and social security information;]

[(h) Trade secrets including any inventions, innovations, processes, techniques, works of authorship, developments, derivations, contributions, supplements, enhancements, copyrights, patents, trademarks, trade dress, service mark, and any other intellectual property right and modifications as well as any copies, adaptations, documentation, algorithms, notes, or records thereof, including, but not limited to, computer programs, including both source and object versions thereof, and attendant specifications and source code listings, authored, made, developed, or conceived of and reduced to practice by or under the direction of [Employer] during your employment and is not generally known to the public]; and, [(I) Any other information relating to the [Employer] which is not generally known to the public or within the industries and trades in which [Employer] competes or which may otherwise be protected by trade secret law].

*Confidential information* shall not include information that is:

[(a) generally known to the public, not as a result of an act, omission, or disclosure by the [Employer]];

[(b) Rightfully in the possession of the employee prior to employment]; or

[(c) Received by the employee in good faith and without restriction from a third party and is not under a confidentiality obligation to either the [Employer] or the third party].

**Authorization**

[The Human Resources Department, the Personnel Department, the Compliance

Department, ownership, President, e.g.] is the only [person, department e.g.] that can authorize the release of confidential information.

**Disclosure**

Employees are required to report to the [Human Resources Department,

Personnel Department, Compliance Department, ownership, President, e.g.] if they have or suspect they have disclosed confidential information. [Failure to report a disclosure of confidential information in a timely fashion can lead to discipline, including termination].

**Reporting Violation of This Policy**

If you suspect someone is disclosing confidential information in violation of this policy you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.].

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].

Please note that you are not required to confront the person or persons that have given you reason to report.

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of discrimination or harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel

Department, EEO Department, Compliance Department e.g.] [or the President]

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to, harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of a violation of this policy will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources

Department, the Personnel Department, the EEO Department, the Compliance

Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel Department, EEO Department, Compliance Department e.g.] [or the President, CEO e.g.].]

**7. Safety**

**7.1 [Employer] and Safety**

Safety is a priority at [Employer] and [Employer] is committed to providing a safe

Work place for employees as well as [customers, visitors, clients e.g.].Employees are required to do their part including wearing safety equipment, following the safety guidelines of [Employer] [and the equipment they are using], [applying safety training] and relying on common sense.

**Reporting Safety Incidents and Concerns**

Employees should report safety incidents and concerns, including any injury or near injury [or any potentially dangerous situation], to the [Safety Manager, Human Resources Department, Personnel Department, President, CEO e.g.] as soon as possible.

**7.2 Preventing and Reporting Workplace Violence**

Preventing workplace violence begins with the awareness that violence can occur anywhere and at any time. Consequently, every person that interacts with [Employer’s] workplace is responsible for helping prevent violence.

**What Is Workplace Violence?**

Workplace violence can include:

* Verbal, written or physical threats of violence;
* Assault and battery;
* Attempted murder or murder;
* Plots to damage a facility or to intimidate, hurt or kill employees or others that interact with the workplace; and
* Other violent actions or crimes at work or during work-related events or directed toward an employee or workplace participant while performing his or her job duties.

[Employer] prohibits all forms of violence. Any employee that threatens, plots to commit or commits a violent act is subject to discipline, including termination.

**Reporting Threats, Suspicions, Concerns and Acts of Violence**

Should life-threatening violence occur in the workplace or at a work event or anywhere you are performing your job duties, you should call [911, law enforcement e.g.] and take yourself away from the threat immediately.

If you have witnessed an act of violence using deadly or potentially deadly force, then you should call [911, law enforcement e.g.] and, if possible, inform [your manager, your supervisor, the Human Resource Department, the Personnel Department, the Safety Department, Security e.g.] at once so long as you can do so without placing yourself or other workplace participants at risk.

If you have a reasonable suspicion that an act of violence is about to occur, you should call [911, law enforcement] and, if possible, [your manager, your supervisor, the Human Resource Department, the Personnel Department, the Safety Department, Security e.g.].

If you have concerns that an employee or other workplace participant may commit an act of violence or if you have heard rumors of potential violence from employees or others that interact with your workplace, you should contact [your manager, your supervisor, the Human Resource Department, the Personnel Department, the Safety Department, Security, 911, law enforcement e.g.].

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to your manager, your supervisor, or the Human Resources Department. If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with the persons, listed above, you can direct them to the Human Resources Department.

**7.3 Weapons (Prohibited)**

[Employer] prohibits weapons on its property including, but not limited to [Employer] vehicles [and on Employer’s parking lots] [or while performing a job function].

**Weapons Prohibited**

Prohibited weapons include, but are not limited to, firearms of any sort; air guns; stun guns, like TASERS, or other stun devices; knives with blades longer than [three, four e.g.] inches; explosive material, including fireworks; brass knuckles or other fighting instruments; martial arts weapons such as nun chucks or throwing stars; and all other dangerous weaponry.

[This ban includes concealed weapons even if the employee or participant has a license to carry a concealed weapon.] Employees or workplace participants that are found to have violated this policy will be subject to discipline up to and including termination or removal from [Employer’s] property.

**Reporting Weapons**

If you know of a violation this policy or reasonably suspect a violation of this policy and you have reasonable suspicion that potential imminent violence could occur, you should call [911, law enforcement e.g.] immediately, if possible, and inform [the Safety Director, your manager, your supervisor, the Human Resources Department, the Personnel Department, Security e.g.] at once.

If you have known of or heard of a violation of this policy, but you do not reasonably believe that violence could occur or is imminent, you should contact [your manager, your supervisor, the Human Resources Department, the Personnel Department, the Safety Department, Security e.g.].

**Questions about This Policy**

If you have questions, suggestions or concerns about policy, you should direct them to your manager, your supervisor, or the Human Resources Department. If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with the persons, listed above, you can direct them to the Human Resources Department.

**7.4 Substance Abuse (Prohibited)**

[Employer] is committed to safety. Therefore, the abuse of drugs or alcohol by employees, [volunteers] and others that interact with [Employer’s] workplace is prohibited.

[Employer] prohibits:

* The use, possession or sale of illegal drugs on [Employer’s] premises, in [Employer] vehicles or while performing one’s job duties or functions;
* The use, possession, sale of alcohol on [Employer’s] premises, in [Employer] vehicles or while performing one’s job duties;
* The improper use, possession or sale of any drug, including prescription or over-the-counter medication, on the [Employer’s] premises, in [Employer’s] vehicles or while performing one’s job duties or functions; and
* Being under the negative influence of drugs (illegal or otherwise) or alcohol on [Employer’s] premises, in [Employer] vehicles or while performing a job function.

**Prescription and Over-the-Counter Medications**

Employees are permitted proper use of prescription or over-the-counter medications so long as their use does not impair their work or create a safety risk to the employee and others that interact with the employee. Employees [are encouraged, must] to make the [Safety Department, Human Resources Department, Personnel Department e.g.] aware if they are taking medication that will impair their ability to work productively or safely.

**Reporting Wrongdoing**

If you are aware or suspect a violation of this policy, you must report it immediately to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the Safety Department e.g.]. If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [Human Resources Department, Personnel Department, and Safety Department e.g.]

If for any reason you do not want to discuss the matter with the persons or departments listed above, you may report the matter to [Human Resources Department, Personnel Department, Safety Department e.g.] [or the President, CEO e.g.]]

**Retaliation Prohibited**

If you believe you are being subjected to retaliation for reporting a violation of this policy, or participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above. Please note that you do not have to confront the person that is the source of the retaliation before reporting it, but to help prevent retaliation from continuing, you must report it. Any employee or workplace participant that retaliates against another employee or workplace participant for making a good faith complaint of a violation of this policy, or for assisting in an investigation of a complaint of a violation of this policy, is subject to discipline or termination. Retaliation can include, but is not limited to harassment, discrimination, bullying or any other unfair treatment or abuse of power.

**Workplace Investigations**

If warranted, [Employer] will investigate credible allegations of wrongdoing. [Employer] may use third parties to assist in such investigations. All employees have a responsibility to cooperate fully in any such investigation. Unreasonable refusal to participate in an investigation of a complaint of wrongdoing may lead to discipline.

**[False Claims Prohibited**

Any employee or workplace participant that makes a knowingly false claim of workplace wrongdoing, like a knowingly false claim of discrimination or harassment, will be subject to discipline or termination.]

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [your manager, your supervisor, the Human Resources Department, the Personnel Department, the EEO Department, the Compliance Department e.g.]. [If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with [the person, the persons, the department e.g.] listed above, you can direct them to the [Human Resources Department, Personnel

Department, EEO Department, Compliance Department e.g.] [or the President]

**7.5 Smoking (Restricted)**

Research proves that smoking and secondhand smoke are dangerous to the health of the smoker and those that intake his or her smoke. In order to protect all employees, [Employer] prohibits smoking in [Employer’s] buildings, [in [Employer’s] vehicles] or [while performing job duties on behalf of [Employer]].

**Smoking Areas**

Employees are not permitted to smoke on [Employer’s] property except in designated smoking areas. Employees that do smoke in designated areas [are encouraged to be respectful of others including extinguishing and not lighting [cigarettes or other lawful smoking material, before leaving or entering the designated smoking area]. [Employees [must, are encouraged] not to smoke in areas next to exits and entrances of [[Employer’s]] buildings].

Smoking is permitted during breaks in the following areas:

* [Outside of [Employer’s] buildings in areas marked for smoking e.g.];
* [On the west side of Building A, e.g.];
* [In [Employer’s] parking lot, e.g.];
* [Areas designated by the building owners e.g.]; or
* [In employee’s own vehicle].

**Smoking Safety**

To lower the risk of fires and to keep [Employer] property clean, employees that smoke must

**Questions about This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to your manager, your supervisor, or the Human Resources Department. If you feel uncomfortable discussing your questions, suggestions or concerns about this notice with the persons, listed above, you can direct them to the Human Resourc­­­­es Department.

\*\*\***Disclaimer:** The Sample Handbook is intended to be a sample, and may or may not reflect the compliance issues relevant to your state, locality or organization. Any employee handbooks should be reviewed by your legal counsel for compliance with federal and state laws and regulations and should be modified to suit your organization's culture, industry and practices. \*\*\*