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## EMPLOYEE HANDBOOK QUESTIONNAIRE

### General Information

Company Name:

Street Address:

City:

State:

Zip Code:

Telephone:

Fax:

Please provide brief description of your Business/Industry:

Number of Full Time Employees: \_\_\_\_\_ Part Time: \_\_\_\_\_

For multiple locations; how many employees at each location?

How far is the farthest location? \_\_\_\_\_ How many locations? \_\_\_\_\_

Company History: (Use Additional Page if Needed)

Is there an existing manual in place? (please send any existing documents with this form)

If so, what are some of the reasons you have decided to update/prepare a manual?

Do you have a mission statement, or a company "motto"? If yes, please state:

The following are sections that are required, or strongly recommend for your employee manual. Please check any of the sections that you DO NOT think apply to you, or that you may have further questions about. Please feel free to explain why you object to using them:

- ❖ EQUAL EMPLOYMENT OPPORTUNITY \_\_\_\_\_
- ❖ AMERICANS WITH DISABILITIES ACT \_\_\_\_\_
- ❖ NON-HARASSMENT \_\_\_\_\_
- ❖ SEXUAL HARASSMENT \_\_\_\_\_
- ❖ IMMIGRATION REFORM AND CONTROL ACT (I-9) \_\_\_\_\_
- ❖ WORKPLACE VIOLENCE \_\_\_\_\_
- ❖ WORKPLACE SEARCHES/ SUBSTANCE ABUSE \_\_\_\_\_
- ❖ FEDERAL FAMILY AND MEDICAL LEAVE ACT \_\_\_\_\_
- ❖ SHORT-TERM DISABILITY BENEFITS \_\_\_\_\_
- ❖ SOCIAL SECURITY \_\_\_\_\_
- ❖ UNEMPLOYMENT INSURANCE \_\_\_\_\_
- ❖ WORKERS' COMPENSATION \_\_\_\_\_
- ❖ JURY DUTY \_\_\_\_\_
- ❖ VOTING LEAVE \_\_\_\_\_
- ❖ DISABILITY LEAVE \_\_\_\_\_
- ❖ OVERTIME \_\_\_\_\_

The following are sections that we could include in your manual, and are optional. Please check each one that you

WOULD LIKE. Please write down any questions or specifics:

- AIDS IN THE WORKPLACE \_\_\_\_\_
  
- COBRA \_\_\_\_\_
  
- LIFE THREATENING ILLNESSES \_\_\_\_\_
  
- GARNISHMENT/CHILD SUPPORT \_\_\_\_\_
  
- SMOKING IN THE WORKPLACE \_\_\_\_\_
  
- CONCEALED WEAPONS \_\_\_\_\_
  
- DRESS POLICY \_\_\_\_\_
  
- PERSONAL HYGIENE \_\_\_\_\_
  
- STANDARDS OF CONDUCT \_\_\_\_\_
  
- PERSONAL PROPERTY \_\_\_\_\_
  
- CONTACT WITH THE MEDIA \_\_\_\_\_
  
- CONDUCT OUT OF THE OFFICE DURING WORK HOURS \_\_\_\_\_

OTHER: \_\_\_\_\_

Do you have employee orientation? \_\_\_\_\_

Will you conduct reference checks? \_\_\_\_\_

Will you allow outside employment? \_\_\_\_\_

Do you have different categories or levels of employment? \_\_\_\_\_ Please list: \_\_\_\_\_

Do you have job descriptions for each job category? \_\_\_\_\_ Please give details below:

Do any of these jobs have a flexible schedule or on call duties? \_\_\_\_\_

Do any of these jobs require a driver's license/clean driving record? \_\_\_\_\_

Do you have company vehicles and/or travel expense accounts? \_\_\_\_\_

Will you have performance reviews? \_\_\_\_\_ When will you conduct these reviews (i.e.

*annually or more often*)? \_\_\_\_\_ Do you offer raises based on review scores?

\_\_\_\_\_ Do you offer promotions and/or transfers from within? \_\_\_\_\_

Will your employees be working with computers and/or have internet access? \_\_\_\_\_

Will there be company emails? \_\_\_\_\_ Will they be monitored? \_\_\_\_\_

What is your work week (days, hours of operation, etc.) \_\_\_\_\_

When is payday? \_\_\_\_\_ Do you offer pay advances? \_\_\_\_\_

How is time recorded? \_\_\_\_\_

Do you offer direct deposit? \_\_\_\_\_

Are cell phones required for any employees? \_\_\_\_\_ Do you have corporate cell phones? \_\_\_\_\_

Do you have a cellular phone policy? \_\_\_\_\_

Do you have a business phone policy and/or visitor policy? \_\_\_\_\_

Do you have a specific parking situation? \_\_\_\_\_

Is there a specific meal period time? \_\_\_\_\_

Do you have a shared eating or common area? \_\_\_\_\_

Are you open to employee suggestions? \_\_\_\_\_

Do you offer medical benefits \_\_\_\_\_ dental \_\_\_\_\_ 401K \_\_\_\_\_ other \_\_\_\_\_?

Vacation policy:

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Paid holidays: \_\_\_\_\_

Bereavement time policy: \_\_\_\_\_

Attendance policy: \_\_\_\_\_

Where do the employees go to change their personnel information? \_\_\_\_\_

How much notice do you want if an employee must leave? \_\_\_\_\_

Do you need additional forms (not included in the employee manual):

Initial Employment

Exit Interview

Confidentiality

Other (describe)