

I.	INTRODUCTION .....	[p. ___]
II.	ABOUT [Your Organization] .....	
III.	EQUAL EMPLOYMENT OPPORTUNITY POLICY & POLICY AGAINST HARASSMENT .....	
	A. Equal Employment Opportunity Policy.....	
	B. Immigration Reform and Control Act.....	
	C. Policy Against Harassment.....	
	D. Reporting Violations of Equal Employment Opportunity and Harassment Policies.....	
	E. Workplace Violence.....	
	F. No Retaliation .....	
	G. Acting in Good Faith .....	
	H. Legal Protections and External Remedies.....	
IV.	COMPENSATION .....	
	A. Hours of Work and Employee Classifications.....	
	B. Pay Period .....	
	C. Payroll Deductions.....	
	D. Direct Deposit .....	
	E. Excess Hours Worked (to wit, Overtime).....	
	F. Policy Concerning Salary Deductions for Exempt Employees.....	
	G. Salary Adjustment (to wit, Raises) .....	
V.	JOB PERFORMANCE.....	
	A. Attendance and Punctuality .....	
	B. Absence without Leave (AWOL).....	
	C. Formal Reviews .....	
	D. Personal Appearance.....	
	E. Change of Personal Information.....	
	F. Personal Phone Calls.....	
	G. Solicitation .....	
VI.	SEPARATION FROM EMPLOYMENT.....	
	A. Resignation .....	
	B. Discipline and Discharge .....	

- C. Theft.....
- VII. PTO (Personal Time Off) DAYS AND LEAVE POLICIES .....
- A. Sick Days .....
- B. Medical Leave.....
- C. Family Leave .....
- D. Bereavement Days .....
- E. Personal Leave .....
- F. Holidays .....
- G. Vacation Days.....
- H. Personal Days.....
- I. Jury Duty.....
- J. Election Day.....
- K. Leave for Blood Donation .....
- L. Emergency Closings.....
- M. Military Leave.....
- N. General Policy.....
- VIII. EMPLOYEE BENEFITS.....
- A. Insurance .....
- B. Disability Benefits .....
- C. Worker's Compensation .....
- D. 403(b) Plans .....
- E. Tuition Reimbursement Program.....
- F. Health Reimbursement Account Plans .....
- IX. HEALTH INFORMATION PRIVACY POLICY (HIPAA).....
- A. Our Responsibilities.....
- B. How We May Use and Disclose Your Protected Health Information .....
- C. Special Situations.....
- D. Required Disclosures .....
- E. Other Disclosures.....
- F. Your Rights.....
- G. Complaints .....
- X. REIMBURSEMENT OF BUSINESS EXPENSES .....

XI.	ELECTRONIC COMMUNICATIONS SYSTEMS .....	
XIA.	SOCIAL MEDIA POLICY.....	
XIB.	PERSONAL DEVICE POLICY.....	
XII.	CONFIDENTIALITY POLICY.....	
XIII.	CONFLICT OF INTEREST POLICY.....	
	A.    General Principles.....	
	B.    Definition of a Conflict of Interest.....	
	C.    Procedure.....	
	D.    Disclosure and Filings.....	
XIV.	WHISTLEBLOWER POLICY.....	
XV.	SUBSTANCE ABUSE, NO SMOKING AND ALCOHOL POLICIES .....	
XVI.	BUSINESS ETHICS.....	
XVII.	MISCELLANEOUS .....	
	A.    Security .....	
	B.    Hiring of Relatives.....	
	C.    Inspection of [Organization Name] Equipment.....	
	D.    Retention of Records.....	
	E.    Accommodation for Nursing Mothers.....	
XVIII.	LIST OF FORMS REQUIRING SIGNATURE.....	
	A.    Disclaimer Acknowledgment Form.....	
	B.    Equal Employment/ Harassment/No Smoking Policy Acknowledgment .....	
	C.    Electronic Communications Systems Interceptions Acknowledgment .....	
	D.    Pledge of Confidentiality .....	
	E.    Personal Device Policy Acknowledgement.....	
	F.    Conflict of Interest Disclosure Statement.....	

**NOTE:** *This Table of Contents reflects, in part, compliance with specific New York City and State requirements that are not necessarily mandated by Federal Law, as well as reflecting operational preferences of the author.*