



Farm Employers Labor Service · Serving Agricultural Employers since 1970
 An affiliated company of the California Farm Bureau Federation

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Customized Human Resources Compliance Manual

Have you ever wondered if it were ever possible to stay on top of the numerous Cal/OSHA and Human Resource requirements? The FELS *Human Resources Compliance Manual* can help. In a single 3-ring binder FELS has compiled the basic, required HR procedures and Cal/OSHA programs. The manual includes:

- Cal/OSHA Recordkeeping
- Discharge/Layoff of Employment
- Emergency and Fire Prevention Plan
- Employee Handbook
- Employment Forms
- Early Return to Work
- Farm Labor Contractor
- First-aid Materials Approval Form
- Hazard Communication Program
- Housing
- Injury & Illness Prevention Program
- Lockout/Blockout Program
- Pesticide Hazard Communication
- New Employee Orientation
- Respiratory Protection
- Safety Inspection Survey Forms
- Safety Training Records
- Safety Sheets
- Training and Instruction Records
- Workers' Compensation Insurance

As an added bonus, the *HR Compliance Manual* is **customized to your company**. When you order the manual you tell FELS your site specific information which is merged into the *HR Compliance Manual*. For example, the Employee Handbook will contain your payroll period and payday. The Respiratory Program will include your physician's name.

To order your Customized HR Compliance Manual fill out the Data Sheet on the **reverse side** and the order form below.

<u>ITEM ORDERED</u>	<u>Number Ordered</u>	<u>SUB TOTAL</u>	<u>METHOD OF PAYMENT</u>
<input type="checkbox"/> 409E.MNL - Customized HR Compliance Manual \$350.00	_____	\$ _____	<input type="checkbox"/> Check# _____ <input type="checkbox"/> Other _____
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¹FELS subscribers deduct 20% of subtotal

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Notes:
 ❶ FELS Subscribers deduct 20% from subtotal FELS CTR (Subscriber) No. ❷ See Handling chart above ❸ Add 8.75% Sales Tax based on Taxable Subtotal

Customized Human Resources Compliance Manual Data Information Sheet

In order to customize the HR Compliance Manual to your company, please complete the form below. After completing the form, please mail or fax the form to us with your payment. We will merge your site specific information into the HR Compliance Manual and return it to you.

If you have any questions, please call FELS at (800) 753-9073.

HR Compliance Manual Information Data Form

Company Name:	
Full Name:	
Address:	
City; State, Zip code:	
IIPP Administrator*:	
Type of Operation (Dairy, Tree Crops, etc.):	
Location of Safety Programs:	
Hazard Communication Administrator*:	
MSDS Location:	
Pesticide Administrator*:	
Respirator Administrator*:	
Company's Physician (Respiratory review):	
Lockout/Tagout Administrator*:	
Emergency and Fire Administrator*	
Company Provides a Group Health Plan:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Employees are required to use personal cellular phones for business purposes:	<input type="checkbox"/> Yes; <input type="checkbox"/> No (Business reimbursement per month \$ _____) <small>(Cochran v. Schwan's Home Service, Inc., requires an employer must reimburse mandatory work-related personal cell phone, even if the employee has an unlimited calling plan and incurs no additional expense by using the phone for work-related purposes).</small>
Workweek begins on (day) at (time):	Day: _____ Time: _____
Pay period (weekly, biweekly, etc.)	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Semimonthly
Payday (day of week):	
1, Did you employ 20 or more employees (full-time or part-time) within a 75-mile radius of your principal place of business in 20 or more weeks in the current or prior calendar year?	<input type="checkbox"/> Y or <input type="checkbox"/> N ; (if "Y" you are covered by Gov't. Code §12945.6 ("Baby Bonding Leave") and are required to provide California Family Rights Act job-protected leave for birth or adoption of a child; your handbook will include language describing such leave).

<p>2. Did you employ 50 or more employees (full-time or part-time) within a 75-mile radius of your principal place of business in 20 or more weeks in the current or prior calendar year?</p>	<p><input type="checkbox"/> Y or <input type="checkbox"/> N; (if "Y" you are covered by the California Family Rights Act (including Baby Bonding Leave described above) and the federal Family and Medical Leave Act and are required to provide CFRA/FMLA job-protected leave for the reasons and purposes described in those statutes; your handbook will include language describing such leave).</p>
<p>3. Did you employ 5 or more employees in any 20 consecutive calendar weeks in the current or prior calendar year?</p>	<p><input type="checkbox"/> Y or <input type="checkbox"/> N; (if "Y" you are covered by discrimination prohibitions of the Fair Employment and Housing Act (FEHA); your handbook will include language describing discrimination-related rights of employees of covered employers and covered employers' policies and procedures for responding to possible discrimination).</p>
<p>"Other than immediate supervisor" company official for referral of discrimination/harassment Complaints to:</p> <p><input type="checkbox"/> Company's Owner</p> <p><input type="checkbox"/> Company's President</p> <p><input type="checkbox"/> Other (Name) _____</p>	
<p>Note: All employers are covered by anti-harassment provisions of FEHA and all handbooks will include appropriate language describing employee's anti-harassment rights and employers' policies for responding to possible harassment."</p>	

(*Note: See http://www.fels.net/Data/Catalog/HR-Manual_Administrators_Descriptions.pdf Program Administrator's Descriptions)