

Customized Human Resources Compliance Manual

Have you 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 three-ring binder, FELS has compiled 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 a bonus, the *HR Compliance Manual* is **customized to your company**. When ordering 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 company physician's name.

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

ITEM ORDERED	Number Ordered	SUB TOTAL	METHOD OF PAYMENT
<input type="checkbox"/> 409E.MNL - Customized HR Compliance Manual (Eng / Spn) ^{1,2,3} \$350		\$	<input type="checkbox"/> Check # _____
<input type="checkbox"/> ADMIN.PDF.FEE - Customized HR Compliance Electronic PDF File Format ⁴ \$100		\$	<input type="checkbox"/> Other _____
¹ FELS subscribers deduct 20% of Taxable Subtotal ² Add \$30 for Shipping hard copy of HR Manual ³ Add 8.75% Sales Tax based on Taxable Subtotal ⁴ Non-taxable item; no discount for this item	Taxable Subtotal ³	\$	FELS Subscription Information
	FELS Discount ^{1,4}	\$	
	Shipping ²	\$	FELS CTR No. _____
	Sales Tax ³	\$	
	Non-taxable Subtotal ⁴	\$	
	Total Due	\$	

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Company _____ Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address _____

PLEASE NOTE: PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE
 Make Check Payable to FELS • 2600 River Plaza Drive, Ste. 300 • Sacramento, CA 95833
 Website: fels@fels.net • (800) 753-9073 • Facsimile: (916) 561-5696

Customized Human Resources Compliance Manual Data Sheet

To customize the *HR Compliance Manual* to your company, please complete the form below. Please mail or fax the completed form to us with the order form on the reverse side and your payment. FELS 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
Company requires employees to use their personal cell phones for work-related calls: <small>(An employer must reimburse employees required to use personal cell phones for work-related calls—even those with unlimited-minute cell phone plans—a reasonable percentage of their cell phone bills.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Business reimbursement per month \$(_____))
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. Do you employ 50 or more employees (full time or part time) within a 75-mile radius of your principal place of business? <input type="checkbox"/> Y or <input type="checkbox"/> N (If "Y" you are covered by federal Family and Medical Leave Act and must provide FMLA job-protected leave for the reasons and purposes described in that law; your handbook will include language describing that leave.)	
2. Do you employ five or more employees (full time or part time)? <input type="checkbox"/> Y or <input type="checkbox"/> N (If "Y" you are covered by the California Family Rights Act and must provide CFRA job-protected leave for the reasons and purposes described in those laws; your handbook will include text describing such leave. You are also covered by the discrimination prohibitions of the Fair Employment and Housing Act (FEHA); your handbook will include text describing discrimination-related rights of employees of covered employers and covered-employer policies and procedures for responding to possible discrimination.) Note: All employers are covered by FEHA anti-harassment and anti-retaliation provisions, and all handbooks include appropriate language describing employee anti-harassment and anti-retaliation rights and employer policies for responding to reports of possible harassment or retaliation.	
"Other than immediate supervisor" company official for referral of discrimination/harassment complaints to: <input type="checkbox"/> Company's Owner <input type="checkbox"/> Company's President <input type="checkbox"/> Other (Name) _____	

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