

HR HELP DISC
SAMPLE FILES
PERFORMANCE APPRAISALS

PERFORMANCE RATINGS

Performance Ratings are intended to reflect the employee's effectiveness in achieving the results, goals, or objectives of the position during the most recent evaluation period.

OUTSTANDING (O)	Level of accomplishment goes well beyond reasonable but demanding standards, especially in key major areas of responsibility. Quality & quantity of output consistently truly outstanding.
PROFICIENT (P)	Clearly meets the requirements for position. Effectively performs in consistently reliable and professional manner.
ACCEPTABLE (A)	Does not fully meet job requirements in major areas of responsibility. Demonstrates ability to complete most assignments, but needs further development & improvement to be fully competent.
MARGINAL (M)	Lowest category. Performance noticeable below minimum job requirements, even with close supervision. Must significantly improve in reasonable period to remain in position.

EXAMPLE

**SECTION II
PART B**

EMPLOYEE'S PERSONAL QUALITIES

GENERAL APTITUDE.

RATING _____

Reasoning & dealing with ideas on an abstract level.
Profits from experiences.

LEADERSHIP.

RATING _____

Gains confidence & loyalty of others.

INITIATIVE.

RATING _____

Drive to excel. Gets things started.

SELF-CONFIDENCE.

RATING _____

Positive & realistic belief in abilities.

ENERGY LEVEL.

RATING _____

Can sustain a high level of work activity for an
extended period of time.

PERSEVERANCE.

RATING _____

Sticks with a task. Works through difficulties until
completed.

SELF-CONTROL.

RATING _____

Ability to exercise self-control, to think objectively &
and to behave appropriately in all situations.

FLEXIBILITY.

RATING _____

Can adjust to changes & evaluate actual worth
of new information.

RESISTANCE TO STRESS.

RATING _____

Withstands pressure of uncertain or unstructured
conditions.

PARTICIPATION.

RATING _____

Involvement in company activities, contribution to
meetings.

ORIGINALITY.

RATING _____

Approaches common problems in an innovative
manner & finds creative solutions to unusual
situations.

DEPENDABILITY.

RATING _____

Reliable in assuming & carrying out the
commitments & obligations of the position.

PROFESSIONALISM.

RATING _____

Speech, dress, grooming, behavior appropriate to
time and place.

CONDUCT.

RATING _____

Positive enthusiasm for job even in the face of
adversity. Does not place blame on others.

EXAMPLE

**SECTION II
PART C**

EMPLOYEE AWARENESS

OCCUPATIONAL KNOWLEDGE.

RATING _____

Understanding of methods, techniques, & skills in
functional areas & familiarity with areas related to work,
including new developments pertaining to work.

CORPORATE LOYALTY.

RATING _____

Knowledge & understanding of company. Its policies &
philosophies, support of its objectives & commitment to
patient service.

SAFETY AWARENESS.

RATING _____

Takes steps to identify & correct unsafe areas or
procedures.

**EMPLOYEE PERFORMANCE AND PLANNING REVIEW
FOR
MEDICAL PRACTICE EMPLOYEES**

SECTION II

PART A

How Does this Employee Work?

	Employee Self-Rating	Evaluator 1	Evaluator 2	Evaluator 3	Performance
		Rating	Rating	Rating	Rating
		J.Smith,MD	K.Smith,MD	J. Doe,RN	
QUALITY OF WORK	P	O	O	P	P+
QUANTITY OF WORK	O	O	P	O	P+
DECISION-MAKING	P	A	A	P	A
ORGANIZATION AND PLANNING	P	P	P	A	A+
TIMELINESS	P	P	P	A	A+
COST CONTROL	A	A	A	P	A
ANALYTICAL PROBLEM SOLVING	P	P	P	P	P
WRITTEN COMMUNICATION	P	A	P	P	A+
ORAL COMMUNICATION	O	P	P	P	P
DEVELOPING PEOPLE	O	P	P	P	P
DELEGATING WORK	P	A	P	A	A
DIRECTION AND GUIDANCE	P	P	P	P	P
HUMAN RELATIONS	O	O	O	O	O
LABOR RELATIONS	P	P	P	P	P
OVERALL RATING FOR SECTION					P

EXAMPLE

**HR HELP DISC
SAMPLE FILES
EMPLOYEE SURVEY**

[Practice Name] Employee Survey

	Agree	Disagree	Does Not Apply
<u>SUPERVISOR</u>			
My supervisor is fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor explains clearly what he or she wants me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is too lax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is too tough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is open to new ideas that may differ from ideas he or she already has.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People here generally trust our supervisor to tell us the truth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our supervisor succeeds in getting us to work together as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We employees often get blamed for what is not our fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is understanding and willing to listen to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I have a high opinion of my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor guides my work in a helpful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My efforts are rarely recognized by my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I can freely discuss problems with my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my supervisor made sure I was adequately trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>TEAMWORK</u>			
My coworkers and I generally work together in harmony.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The needs of patients come first with us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My coworkers seem harried and overworked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse is not a problem here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I remember to thank coworkers who do something that really helps my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees do not have as much decision making power as they should have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My coworkers are highly competent - it is a privilege to be part of this group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees here do the minimum to collect a paycheck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees within my department resent each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees in our team can be counted on to help one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My fellow workers are highly motivated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My coworkers morale is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The working conditions, facility and otherwise, are exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in our team is treated equally/fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>UPPER MANAGEMENT</u> (Above Practice Manager, e.g., Administrator, Board Members, Physicians)			
Management does not do a good job of communicating our mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper management clearly defines who the authority figures are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HR HELP DISC
SAMPLE FILES
JOB DESCRIPTION

[practice name] JOB DESCRIPTION

JOB TITLE: Practice Manager

FLSA STATUS: Exempt

SUMMARY OF DUTIES: Provides hands-on leadership of all aspects of patient relations, staffing, nursing, insurance, and billing activities to ensure their successful management.

EDUCATION: High School diploma or GED required. Completion of college business courses highly desirable.

EXPERIENCE: Strongly prefer two years experience as a medical Practice Manager. Appropriate education may be substituted for one year of experience. Will consider other combinations of work experience and settings.

JOB RELATIONSHIPS: Supervises all staff. Reports directly to Physician(s) and DoctorsManagement Consultant.

WORKING CONDITIONS: Works in a fast paced, well lit, comfort controlled medical office. Interaction with physicians, staff, public, etc. may be constant and interruptive. High traffic area in a close work environment. Work may be stressful. Occasional evening or weekend work. Potential exposure to communicable diseases, toxic substances, and other conditions common to a clinic environment.

PHYSICAL DEMANDS: Requires perseverance and sustained energy level. Work may require sitting, standing, and/or walking for long periods of time; also stooping, bending, and stretching. May view computer screens for long periods of time. Occasional moving items. Ability to type 40 wpm, and operate a keyboard, calculator, telephone, copier, fax, and other office equipment as necessary. Ability to establish and maintain effective working relationships with physicians, patients, employees, and public. Always presents a professional image. Possess the ability to respond to telephone/paging contacts.

PERFORMANCE REQUIREMENTS: Knowledge of the principles and practices of health planning and clinic management sufficient to manage, direct, and coordinate the operation of a medical practice. Knowledge of the purposes, organization, and policies of the community's health systems sufficient to interact with other healthcare providers. Knowledge of the principles and practices of employee development sufficient to ensure organization productivity. Knowledge of computer programs and applications. Ability to exercise a high degree of initiative, judgement, discretion, and decision-making to achieve organizational objectives. Skill in analyzing situations accurately and taking effective actions. Skill in establishing and maintaining effective working relationships with physicians, employees, third party payers,

HR/DoctorsManagement

[date]

[practice name] JOB DESCRIPTION

JOB TITLE: Medical Assistant

FLSA STATUS: Non-Exempt

STATEMENT OF DUTIES: Assists in the delivery of primary health care and patient management.

EDUCATION: High School diploma or GED required. Completion of medical assistant classes/certification, or medical terminology course desirable.

EXPERIENCE: Highly prefer one year of work experience as a medical assistant. Appropriate education or certification may be substituted for experience. Will consider other combinations of work experience and settings.

JOB RELATIONS: Supervises no other personnel. Reports directly to Practice Manager.

WORKING CONDITIONS: Works in a fast-paced, well-lit, comfort controlled medical office. High traffic area. Work may be stressful. Interaction with others may be constant and interruptive. Occasional irregular hours. Frequent exposure to communicable disease, toxic substances, medical preparations, and other conditions common to a clinic environment.

PHYSICAL DEMANDS: Requires full range of body motion including handling and moving patients, manual and finger dexterity, and eye-hand coordination. Involves substantial standing and walking. Possess the ability to respond to telephone/paging contacts.

PERFORMANCE REQUIREMENTS: Ability and knowledge to perform medical assistant care. Knowledge of examination, diagnostic, and treatment room procedures. Knowledge of medical equipment and instruments to administer patient care. Ability to react calmly and effectively in emergency situations. Ability to interpret, adapt, and apply guidelines and procedures. Knowledge of common safety hazards and precautions to establish a safe work environment. Skill in assisting in a variety of treatments and medications as directed. Skill in taking vital signs. Skill in maintaining records and recording test results. Skill in developing and maintaining department quality assurance. Skill in establishing and maintaining effective working relationships with physicians, patients, employees, and the public. Possess good written and verbal communication skills. Always presents a professional image. Ability to do detailed and accurate work. Utilize time management skills. Answer telephone in a professional manner. Read, understand, and follow oral and written instruction. Recognize, evaluate, solve problems, and correct errors. Maintain productivity and work independently.

[practice name] JOB DESCRIPTION

JOB TITLE: Nurse Practitioner

FLSA STATUS: Exempt

GENERAL STATEMENT OF DUTIES: Provides primary care to pediatric patients. The scope of practice of primary care also revolves around health education and prevention but extends to complex problem resolution and consulting.

EDUCATION: Masters level prepared registered nurse (MSN).

EXPERIENCE: Appropriate to state regulations.

CERTIFICATION: Certified by a national credentialing exam to practice a particular specialty.

JOB RELATIONSHIPS: Provides patient care in collaboration or conjointly with a physician with mutually agreed upon protocols. Maintains authority over office staff as appropriate. Supervises no other personnel.

WORKING CONDITIONS: Works in a fast paced, well lit, and comfort controlled medical office environment. High traffic area in a close environment. Interaction with others may be constant and interruptive. Frequent exposure to communicable diseases, toxic substances, medical preparations, and other conditions common to a clinic environment. Requires working under stress in emergency situations and/or during irregular hours.

PHYSICAL DEMANDS: Requires ability to handle and move patients. Good manual and finger dexterity and eye-hand coordination. Requires standing and walking for prolonged periods of time. Possess the ability to respond to telephone/paging contacts.

PERFORMANCE REQUIREMENTS: Ability and knowledge to perform professional primary care appropriate to nurse practitioner level. Knowledge of administrative policies, regulations, and procedures to administer patient care. Knowledge of medical equipment and instruments to administer patient care. Skill in applying and modifying the principles, methods, and techniques of primary care to provide ongoing patient care. Skill in taking medical history, assessing medical condition, and interpreting findings. Knowledge of common safety hazards and precautions to establish a safe work environment. Ability to react calmly and effectively in emergency situations. Skill in preparing and maintaining records, writing reports, and responding to correspondence. Skill in developing and maintaining administrative and patient care quality assurance. Skill in establishing and maintaining effective working relationships with patients, employees, medical staff, and public. Ability to interpret, adapt, and apply guidelines

HR HELP DISC
SAMPLE FILES
ANNUAL COMPENSATION SUMMARY

Annual Compensation Summary

[Employee Name] Period Ending MM/DD/YY

Beyond your regular earnings, [Practice Name] contributes for you, at substantial cost, extra compensation in the form of benefits. To a large degree, your extra compensation is either TAX-FREE or TAX-DEFERRED. The annual costs of your benefits are as follows:

Benefit	EMPLOYER'S SHARE	% of Regular Earnings	YOUR SHARE	% of Regular Earnings
Group Health Insurance	\$ 3,990	9.9%	\$ 1,277	3.2%
Group Dental Insurance	\$ -	0.0%	\$ -	0.0%
Group Life Insurance	\$ 102	0.3%	\$ 91	0.2%
AD & D Insurance	\$ -	0.0%	\$ -	0.0%
Unemployment Insurance	\$ 56	0.1%	\$ -	0.0%
Long Term Disability Insurance	\$ 124	0.3%	\$ -	0.0%
Pension Plan	\$ 1,214	3.0%	\$ 600	1.5%
Flex Spend / Dependent Care	\$ -	0.0%	\$ -	0.0%
Uniform Allowance	\$ -	0.4%	\$ -	0.0%
Life Insurance	\$ -	0.0%	\$ 30	0.1%
Worker's Compensation	\$ 175	0.4%	\$ -	0.0%
Continuing Education	\$ 750	1.9%	\$ -	0.0%
Social Security / Medicare	\$ 2,975	7.3%	\$ 2,975	7.4%
Vacation	\$ 1,557	3.8%	\$ -	0.0%
Sick	\$ 778	1.9%	\$ -	0.0%
Bereavement	\$ -	0.0%	\$ -	0.0%
Personal	\$ -	0.0%	\$ -	0.0%
Holidays	\$ 480	1.2%	\$ -	0.0%
Other	\$ -	0.0%	\$ -	0.0%
Total Cost of Benefits	\$ 12,351	30.5%	\$ 4,973	12.3%

Annual Earnings

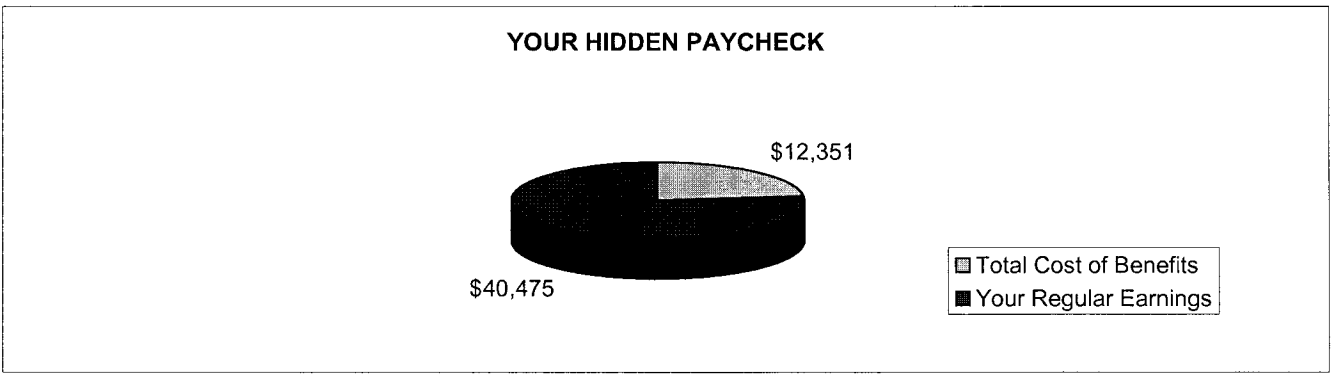
Hourly (less paid time off)

Salaried (less paid time off)

Your Regular Earnings

Equals: Your Total Compensation

YOUR EMPLOYER CONTRIBUTES AN AMOUNT EQUAL TO 30.5% OF YOUR REGULAR EARNINGS IN THE FORM OF BENEFITS.



Every effort has been taken to assure the accuracy of your statement. Please review the various plan documents and benefit booklets for details.

EMPLOYEE CORRECTIVE ACTION NOTICE

EXAMPLE

Employee Name: _____ Dept.: _____

Date of Warning: _____ Date of Violation: _____

Time of Violation: _____ Location: _____

SPECIFIC NATURE OF PROBLEM

- Tardiness
- Absenteeism
- Performance below standards
- Disobedience
- Insubordination
- Unsafe Actions
- Breaking House Rules
- Conduct
- Other: _____

Details regarding this violation: _____

Has employee been warned on this or similar problem? YES NO

If yes, how? Verbal Written 1st 2nd 3rd

Employee remarks concerning violation: _____

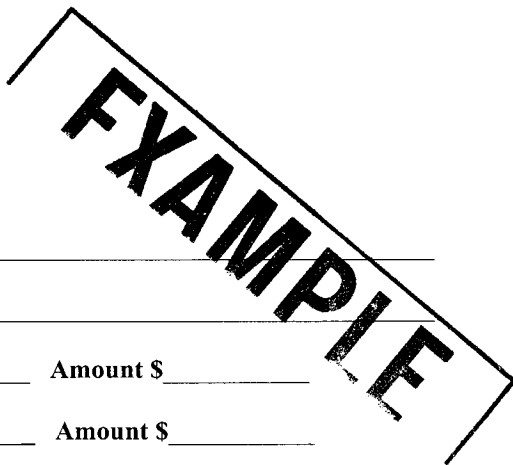
Summation of counseling session and action to be taken: _____

Signatures: _____

Management

Employee

NOTE: Continuance of improper conduct may result in suspension or dismissal.



EVALUATION FORM

Employee Name: _____ Position: _____

Supervisor Name: _____ Date: _____

Rating Period from _____ to _____ Date of Last Raise: _____ Amount \$ _____

This Raise Effective: _____ Amount \$ _____

Rating Values:					
O = OUTSTANDING; E = EXCEEDS REQUIREMENTS; M = MEETS REQUIREMENTS; N = NEEDS IMPROVEMENT; U = UNSATISFACTORY; NA = DOES NOT APPLY					
Outstanding 4 points	<i>Exceeds Requirements</i> 3 points	<i>Meets Requirements</i> 2 points	<i>Needs Improvements</i> 1 point	Unsatisfactory 0 points	RATING
1. Job Knowledge					
<i>Broad knowledge of the position and its relationship to others in the practice.</i>	<i>Good knowledge of the position and its relationship to others in the practice.</i>	<i>Enough knowledge of the position and its relationship to others in the practice.</i>	<i>Often requires advice from others to perform even routine aspects of the position.</i>	<i>Cannot perform even the most routine tasks.</i>	
2. Quality of Work					
<i>Produces exceptional precise, well organized quality work.</i>	<i>Produces high quality work.</i>	<i>Produces acceptable work.</i>	<i>Work quality is below acceptable standards.</i>	<i>Work falls considerably short of acceptable standards.</i>	
3. Patient Interaction					
<i>Displays exceptional skill in communicating with patients and in managing difficult situations.</i>	<i>Communicates well with patients and displays tact in handling difficult situations.</i>	<i>Satisfactory skill in communicating with patients and in managing difficult situations.</i>	<i>Skill in communicating with patients and managing difficult situations is below acceptable standards.</i>	<i>Unsatisfactory level of skill in communicating with patients and in managing difficult situations.</i>	
4. Punctuality and Attendance					
<i>Always punctual and has few absences.</i>	<i>Employee is punctual with good attendance record.</i>	<i>Employee meets attendance and tardiness requirements.</i>	<i>Employee is below attendance and tardiness requirements.</i>	<i>Employee is considerably below attendance and tardiness requirements.</i>	
5. Cooperation					
<i>Exceptionally willing employee. Always works well with others.</i>	<i>Willing employee. Works well with others.</i>	<i>Cooperation of employee is at satisfactory level.</i>	<i>Cooperation level is in need of improvement.</i>	<i>Cooperation level is considerably below acceptable standards.</i>	
6. Relationships					
<i>Maintains outstanding relationships with employees, physicians, and/or patients.</i>	<i>Maintains very good relationships with employees, physicians, and/or patients.</i>	<i>Maintains satisfactory relationships with employees, physicians, and/or patients.</i>	<i>Relationships with employees, physicians, and/or patients needs improvement.</i>	<i>Relationships with others are far below acceptable standards.</i>	
7. Attitude					
<i>Displays outstanding level of enthusiasm and interest about the job and practice.</i>	<i>Usually displays enthusiasm and interest about the job and practice.</i>	<i>Displays satisfactory level of enthusiasm and interest.</i>	<i>Level of enthusiasm and interest needs improvement.</i>	<i>Level of enthusiasm and interest far below acceptable standards.</i>	

Employee Exit Survey

EXAMPLE

Name: _____
(optional)

Date: _____

Job: _____

Length of Employment: _____

As part of our continuous quality improvement efforts, we would appreciate your answers on this survey. Your response is voluntary and we appreciate your time and consideration. A stamped, self-addressed envelope is provided for your reply (as appropriate). Thank you for being a member of our team and please accept our best wishes for success in your career.

1. The orientation and information I was provided when I started working was:
- Great
 - Good
 - Average
 - Poor
 - Needs improvement

Comments: _____

2. The information I was provided about my job duties and responsibilities was:
- Great
 - Good
 - Average
 - Poor
 - Needs improvement

Comments: _____

3. The training I was provided to perform my job was:
- Great
 - Good
 - Average
 - Poor
 - Needs improvement

Comments: _____

HR HELP DISC
SAMPLE FILES
COBRA REGULATIONS

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS
(For use by single-employer group health plans)

**** CONTINUATION COVERAGE RIGHTS UNDER COBRA ****

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information*: must pay *or* are not required to pay] for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent employee's employment ends for any reason other than his or her gross misconduct;

MODEL COBRA CONTINUATION COVERAGE ELECTION NOTICE
(For use by single-employer group health plans)

[Enter date of notice]

Dear: [Identify the qualified beneficiary(ies), by name or status]

This notice contains important information about your right to continue your health care coverage in the [enter name of group health plan] (the Plan). Please read the information contained in this notice very carefully.

To elect COBRA continuation coverage, follow the instructions on the next page to complete the enclosed Election Form and submit it to us.

If you do not elect COBRA continuation coverage, your coverage under the Plan will end on [enter date] due to [check appropriate box]:

- | | |
|--|---|
| <input type="checkbox"/> End of employment | <input type="checkbox"/> Reduction in hours of employment |
| <input type="checkbox"/> Death of employee | <input type="checkbox"/> Divorce or legal separation |
| <input type="checkbox"/> Entitlement to Medicare | <input type="checkbox"/> Loss of dependent child status |

Each person ("qualified beneficiary") in the state of [enter state] (ies) checked below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan for up to _____ months [enter 18 or 36, as appropriate, and check appropriate box or boxes; names may be added]:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

If elected, COBRA continuation coverage will begin on [enter date] and can last until [enter date]. [Add, if appropriate: You may elect any of the following options for COBRA continuation coverage: [list available coverage options].

COBRA continuation coverage will cost: [enter amount each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.] You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in the pages following the Election Form.

If you have any questions about this notice or your rights to COBRA continuation coverage, you should contact [enter name of party responsible for COBRA administration for the Plan, with telephone number and address].

HR HELP DISC
SAMPLE FILES
MODEL EMPLOYEE HANDBOOK

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- 10.0 MISCELLANEOUS**
- 10.1 In Conclusion
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- 10.3 Additional Information; (e.g., OSHA; Blood-borne Pathogen, HazCom, TB, Violence in the Workplace, Ergonomics; Fire, General Safety, CLIA; Fraud & Abuse Compliance, etc.)
- 10.4 Notes Page

INITIAL DAYS OF EMPLOYMENT & PROBATIONARY PERIOD

The practice recognizes two separate conditions:

1. The **first 90 days of employment** will be considered an introductory time. This is an opportunity for both employee and employer to determine suitability and to provide a chance for adjustment.

During the first 90 days of employment, management will evaluate your conduct, ability, and performance to determine whether or not your continued employment is going to benefit both you and [practice name]. Not every individual fits easily into this type of work setting, and yet might work perfectly well in some other type of job. An employee having difficulty in any aspect of his/her work is expected to ask for help.

EXCEPT AS PROVIDED FOR IN A SEPARATE CONTRACTUAL AGREEMENT, BOTH [PRACTICE NAME] AND EMPLOYEES MAINTAIN AN EMPLOYMENT AT WILL ARRANGEMENT DURING THE ENTIRE PERIOD OF EMPLOYMENT, INCLUDING THE FIRST 90 DAYS. EITHER PARTY MAY TERMINATE EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. THE COMPLETION OF THE FIRST 90 DAYS OF EMPLOYMENT IN NO MANNER ALTERS THE EMPLOYMENT AT WILL ARRANGEMENT.

To avoid any misunderstanding, new hires need to keep in mind that they unlikely have any history with the practice. Accordingly, new hires must be cognizant about attendance practices. We expect good attendance from all of our employees. Employees unable or unwilling to demonstrate the level of commitment required invite prompt disciplinary action up to and including termination.

New employees in his/her first 90 days of employment are not immediately eligible for all benefits (See Benefits Schedule).

2. The second type of condition is **probation** for inadequate performance or improper behavior at any time after the initial days of employment. Employees may be placed on probation for a designated period to correct recognized short-comings that an employee is able and willing to correct.

LEAVE OF ABSENCE

(Long-term)

Leaves of Absence for full-time employees who are in good standing (as determined at the sole discretion of management) and have completed six months of continuous employment will be considered by [practice name] for absences greater than ten days. Shorter absences will be handled according to the guidelines for vacation and sick leave.

All requests for leave of absence must:

- be presented in writing to management;
- have the final approval of management;
- not exceed 30 work days (six weeks);
- not seriously affect daily operations;
- not have an unacceptable impact on the quality of patient care.

Medical and Maternity Leave will begin and end on the basis of a physician's written statement regarding the employee's ability to work. A written physician's statement may be periodically required (as requested) for the duration of both medical and maternity leave. Before the employee can return to work a fitness for duty certificate from an attending physician may be required stating that the employee is fit for duty and releasing the employee to resume work.

In your Notice Of Intention, please include the following:

1. Departure date
2. Return date if any)
3. What eligible paid time off is available to use? (i.e., sick and/or vacation days)

Military Leave is granted at any time after employment and will be handled according to USERRA guidelines. At the employee's option, this time off may be combined with paid vacation time.

Personal Leave will be considered on an individual basis for compelling personal reasons. Approval is solely at the discretion of management and based on department work requirements, performance history, attendance and other factors.

Administrative Leave will be considered at management's discretion for leaves of absence without pay for unusual circumstances which are in the best interest of the employee and the practice.

Employees are not to engage in seeking employment or gainful employment during a leave.

Employees *must* use any available paid time off while on leave of absence. The only exception to this rule is that accrued sick leave can be substituted only for absences due to bonafide illness of the employee, spouse, dependent(s), or parent(s). **When all available paid**

SUBSTANCE ABUSE POLICY

I. Scope. We are committed to providing a safe working environment for all of our employees, as well as operating in a safe, responsible and efficient manner for the benefit of our patients, our community and the public. We are also committed to complying with all applicable laws.

Recognizing that prohibited drug use and alcohol misuse and abuse (collectively referred to as "substance abuse") presents a major problem and threat to safety throughout society, and particularly in the workplace, we have developed this policy to deter substance abuse and promote a drug and alcohol free workplace. Substance abuse by employees not only threatens the health and safety of themselves, co-workers, our patients and others, but also results in increased costs through lost productivity, absenteeism, tardiness, excessive health care costs, accidents on the job, and lower morale of other employees who must work with or do the work of the substance abusers.

II. Policy. As a condition of employment, no employee shall manufacture, sell, distribute, dispense, possess or use a **prohibited drug** or report to work or be under the influence of a prohibited drug while at work, while on our premises, while operating our vehicles or equipment, while operating personal vehicles on Practice business or in the scope of employment, or off the job so as to affect the employee's job performance, integrity on the job, or reputation of the practice.

As a condition of employment, no employee shall report to work under the influence of **alcohol** or use or be under the influence of alcohol while at work, while on our premises, while operating our vehicles, equipment or machinery, or while operating personal vehicles on Practice business or in the scope of employment, or off the job so as to adversely affect the employee's job performance, integrity on the job, or reputation of the practice.

Abuse of **prescription drugs** (i.e., taking drugs without a prescription, taking an amount greater than prescribed, or more frequently than prescribed, or otherwise in violation of the prescription) is a violation of this policy. Intentional **falsification of a prescription** to obtain drugs is a terminable offense. Drugs prescribed by the employee's physician may be taken during work hours provided the employee can safely perform their job. The employee should notify management if the use of properly prescribed prescription drugs might impair the employee's performance. Abuse of **other substances** (i.e., glue, paint, aerosols, etc.) is also a violation of this policy.

An amount of a prohibited drug or alcohol in an individual's body equal to or higher than the cutoff levels as detected by a drug or alcohol test will be considered prohibited use and under the influence by the individual in violation of this policy. All employees must abide by this policy as a condition of hire and continued employment. **Violation of any provision of this policy will result in disciplinary action up to and including termination, even for a first offense, at our discretion.** An employee who refuses to submit to a drug or alcohol test will be