**[Insert station logo here]**

**XXXX EMPLOYEE HANDBOOK**

**XXXX Community Radio**

**Address**

**City, State Zip Code**

**Phone Number**

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**I:** **GETTING STARTED**

You are an important part of our present team and future growth. Our success depends on our ability to attract and retain dedicated and highly motivated employees like you, and our ability to provide a rewarding and challenging work environment for you.

**YOUR HANDBOOK**

This handbook is designed to give you basic information that applies to your appointment with XXXX. This booklet is yours to keep, but remains the property of XXXX. You may make notes in it, and refer to it as necessary.

Throughout the remainder of this handbook, reference to we, our, or us shall be XXXX. We reserve the right to revise, by addition, reduction, correction, deletion or updating, any or all information in this handbook with or without advance notice. Only the Station Manager and/or the Board of Directors of XXXX have the authority to modify any policy or any information in this handbook.

You will be notified of any changes to this handbook by:

 1. Company meetings

 2. Bulletin board postings

 3. E-Mails

 4. Distributions of revisions in the handbook itself.

**EMPLOYMENT AT XXXX STATION**

Neither this handbook nor organization practices, policies, job descriptions, work and disciplinary guidelines, regulations and procedures, nor other communications, create an employment contract or term of employment, by implication or otherwise. Employment at XXXX is "at will," which means both you and XXXX have the right to discontinue the employment relationship, with or without prior notice, at any time, and for any reason.

**EQUAL EMPLOYMENT OPPORTUNITIES**

XXXX promotes equal employment opportunities for all employees and applicants for employment, without regard to race, color, religion, sex, national origin, age, veteran status or disability.

This policy of equal opportunity prohibits unlawful discrimination, and applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

**EMPLOYMENT ELIGIBILITY VERIFICATION**

XXXX complies with the immigration Reform and Control Act of 1986. All employees are required to provide documentation of their eligibility to be employed in the United States. Proper information must be presented on the first day of employment.

An employee will not be allowed to work until the documentation is provided. If you are an individual who presented dated documentation of your employment eligibility, and you are authorized to work in the United States for a limited period of time, you must re-verify your eligibility for employment when that document expires, by presenting new updated information. Continued employment with the Company will be impossible without proper re-verification.

**II: EMPLOYMENT**

**THE ORGANIZATION PHILOSOPHY**

The mission of XXXX is to serve the [region name] area by building community through communication. Supporting the mission is the philosophy that all voices in our community are welcome, regardless of their perspectives, to freely discuss and entertain. We respect individuals’ opinions, and we seek to foster civic pride and respect. The services and physical premises of our organization are available to all individuals, regardless of age, sex, race, religion or mental or physical handicap.

**OPEN COMMUNICATIONS**

XXXX believes that employees are the most important assets of our organization and instrumental to the Organization's success. We encourage you to openly discuss any areas of concern with the Station Management, or in certain cases of illegal, unethical or harassment situations, the Board/Staff Liaison. You can use this open communication policy without fear of reprisal. Any complaints or concerns of Board members, regarding any staff members' workload or performance, will be brought to the Station Management, who will address the situation as she or he feels is appropriate.

**HARASSMENT**

XXXX has a policy of no harassment of one employee by another employee, supervisor, or manager. XXXX will provide a handbook detailing the harassment policy, and will require the employee to sign a statement stating they have read and understood the policy. Harassment includes conduct that creates a "hostile work environment", including actions or activities that the employee may consider offensive or unpleasant. Any employee, who feels that he or she is a victim of harassment, should immediately report the matter to the Station Manager or to the Board/Staff Liaison. Violations of this policy will not be permitted, and will result in corrective/disciplinary action, up to and including discharge.

**RESIGNATIONS**

If you decide to terminate your employment, we ask that you notify Station Management as soon as possible. Advanced notice allows us to adjust work schedules and plan for your successor. It also permits you and the Station Manager to discuss your benefits options.

We request a two-week resignation notice, and appreciate one month. Submit your resignation, in writing, and state the reason for your resignation. You will not be paid for any unused paid time off (PTO) time upon resignation or termination, according to the terms of our paid time off (PTO) policy. We will mail your final check to your last known address, after the normal payroll cycles. You must return all supplies, equipment, manuals and keys before your final paycheck is issued. A departing employee’s future reference may be affected by actions in direct conflict to this section.

**EXIT INTERVIEWS**

If you do decide to terminate your employment with XXXX, we will ask you to participate in an exit interview, including an exit questionnaire. The primary purpose of this meeting is to close out your employment relationship, and to tie up any "loose ends." At this time, we will inform you of any health care continuation opportunities, vacation that is unpaid, and retirement savings account activities. We will also ask you why you are leaving, so we can evaluate our procedures, benefits plans and the work environment. We will appreciate your cooperation in this process. The questionnaire is designed to help us learn your impressions of your former employment regarding benefits, compensation and working conditions. Although the questionnaire is voluntary, we will appreciate your cooperation.

**III: GENERAL POLICIES**

**ATTENDANCE / ABSENCES / PUNCTUALITY**

You play an important role at XXXX, and it is very important that you hold your absences to a minimum and arrive on time to work. Absences and late arrivals affect the quality of service, and cause fellow staff and/or volunteers to become overburdened. If your absences and tardiness are excessive, you may be subject to corrective action. If you're going to be absent or late to work, contact the Station Manager before you are expected to begin your next shift. If you do not contact the Station Manager ahead of time, corrective action may be taken. If your absence continues for several days, we will require you to call daily, unless you have made previous arrangements with the Station Manager. If your absence is caused by illness, we need to know how serious it is, so we can plan schedules and acquire extra help if needed.

**LEAVES OF ABSENCE**

A leave of absence is a planned period of time away from work for purposes other than vacation or holiday. Reasons for leaves of absence include personal medical issues, handling of other personal affairs, family issues, such as family member illness or the birth or adoption of a child.

If you anticipate the need for a leave of absence, discuss it with the Station Manager at your earliest opportunity. You must submit an official request for a leave of absence in writing 30 days before the first day of the leave. The leave must then be approved by the Station Manager.

You will be required to use any earned Paid Time Off (PTO) before being granted an unpaid leave of absence. Other details that will be discussed in the approval process include compensation, length of the leave, possible extensions, and availability of your position upon your return. It is critical that you fully understand the terms of your leave before it begins. All employee benefits are suspended during leave of absences.

**CONFIDENTIALITY**

Employees who come in contact with sensitive information must keep that information strictly confidential. This includes, but is not limited to, financial information, statistics, processes, payroll and personal information, and donor information.

**COMPUTER SOFTWARE**

Only approved software, which is licensed to XXXX, shall be used on our computers. All terms of the software license agreements shall be adhered to by employees including, but not limited to copy, transfer and use restrictions. Approved public domain or client-provided software may be used in accordance with the restrictions and requirements for each software package. Installation or purchase of software, and installation, modification or relocation of computer hardware or other electronic equipment, must take place only with the approval of the Station Manager.

**PUBLIC CONTACT**

Any communication with the media and general public relative to confidential financial information and XXXX operations should be handled only by the Station Manager or the President of the Board of Directors.

**E-MAIL SYSTEM**

The e-mail system is used to facilitate business related communication throughout XXXX. Information on the e-mail system is considered proprietary, and belongs to XXXX. We reserve the right to review e-mail material with or without employees' knowledge. Personal use of the e-mail system is discouraged. At no time will communications of pornographic, discriminatory or harassing content be allowed through the e-mail system.

**INTERNET USE**

We have provided access to the Internet to staff members for the benefit of XXXX, its members and its customers. All Internet communications should be for professional reasons and handled in an effective, ethical and lawful manner. Fraudulent, harassing or obscene messages are prohibited. The Internet should not be used for personal gain or advancement of individual views. Use of the Internet must not disrupt the operation of XXXX. It must not interfere with your productivity. To prevent computer viruses from being transmitted through the system, there will be no unauthorized downloading of any software. All software downloads must be scanned for viruses.

Violations of any guidelines listed above may result in disciplinary action.

**KEEPING THE COMPANY INFORMED**

When you were hired, pertinent personal information, including address, phone number and emergency contact person, was gathered for future reference. It is important that you inform us of any changes in this information.

**SMOKING**

Smoking is prohibited in all areas of the XXXX station.

**ALCOHOL/DRUGS**

Use of illegal drugs is prohibited in all areas of the XXXX station. Use of alcohol, unless authorized by Station Management, is prohibited. Employees may not be under the influence of alcohol or controlled substances during work hours, or they will be asked to leave the premises and be subject to disciplinary action. No person may broadcast under the influence of alcohol or controlled substances, and station employees are required to report such instances to Station Management.

**ATTIRE**

Clean and neat business/professional dress and appearance is required.

**SAFETY RESPONSIBILITIES**

The organization is committed to maintaining the safest possible environment. If you see a potential safety hazard, please notify the Station Manager immediately. XXXX supports employee CPR certification and may take steps, financial or otherwise, to assist in this program.

**IV: WORK ENVIRONMENT AND CONDITIONS**

**LUNCH PERIOD/BREAKS**

During your work day you will have the opportunity to take breaks and lunches at your discretion and with the knowledge of your supervisor. Meals should not be eaten in the broadcast or recording studios. Beverages should be kept away from electronic equipment. No specific break times are scheduled. We ask that you use your best discretion and coordinate your breaks with your fellow employees. Employees are required to inform Station Management before leaving the premises during the workday, including when they will return. Employees shall be able to be contacted at all times during work hours, with the exceptions of break periods.

**PERSONAL BELONGINGS**

XXXX takes all reasonable precautions to protect employees and their personal belongings. We cannot be responsible for, nor will we reimburse employees for items that are lost or stolen. We recommend that unnecessary personal items be left at home, or in your automobile, to eliminate the risk of theft or damage.

**FACILITY APPEARANCE**

XXXX has numerous visitors who arrive unannounced. It is our intent to maintain a professional image, and therefore, you should keep your office and work areas neat and clean all times. When you leave at the end of the day, please clean your area, clear your desk and appropriately file all documents.

Please assist in keeping the common areas picked up. When leaving these areas, return all materials to appropriate locations and discard coffee cups, pop cans, paper and other items. Please assist with turning off lights and computers, and preparing studios to be ready for use.

**MILITARY RESERVE/NATIONAL GUARD TRAINING**

If you are a member of the reserve military organization for the United States or the National Guard, and you attend regular weekend or summer training, you will be given the necessary time off, without pay, for such training. You may use vacation time during this period, but vacation time cannot be linked with this time off to extend the leave for more than two weeks. You must notify the Executive Director in advance if you need to request a leave of absence for this military responsibility.

**FIRST AID**

There is a first aid kit in the restroom. Please help yourself to supplies for minor medical needs and inform co-workers when needed.

**WHAT TO DO IN CASE OF A WORK RELATED INJURY**

If you become injured on the job, it is your responsibility to report the injury immediately. We provide worker compensation coverage. The insurance company determines which doctor or hospital you visit for all work related accidents or illnesses. If you go to an unauthorized doctor or hospital without proper authorization, neither the Organization nor the insurance provider will be responsible for payment of the charges. If you need worker compensation care when outside of [city], try to go to a facility within the PPO network. If you need worker compensation care when in [city], go to [name of clinic or hospital].

**TORNADO PROCEDURE**

In the event of a violent storm, be prepared to take shelter if necessary. Storm procedures are posted on each floor. You must direct station occupants to the basement.

**FIRE PROCEDURE**

In the event of a fire, be prepared to exit the building immediately. Exit signs are posted on each floor. Please note the fire exit procedure on your floor, as well as the location of the nearest fire extinguisher. When leaving your floor, escort the people in the facility outside of the building. Do not lock doors as exiting. When exiting, please do so in an orderly fashion, and meet at [location], and stay there. It is important that you can be located.

**V: PAY AND HOURS / EMPLOYMENT DEVELOPMENT**

**EMPLOYMENT HOURS**

XXXX's office hours are [list hours and days of operation]. As XXXX broadcasts 24 hours daily, staff may be in the facility around the clock. Individual staff hours are determined by Station Management.

**CORRECTIVE ACTION SYSTEM**

XXXX expects the highest level of performance from each employee. Included in this expectation are excellent performance, good communication, regular attendance, punctuality, following of directives of station management and organization rules and policies and cooperation with fellow workers as outlined in station protocols.

If a performance problem occurs, the normal corrective action process may include the following steps:

1. Verbal warning and counseling with the station management or representative of the board of directors.
2. Written warning(s) which may include suspension (time off) with or without pay.
3. Termination from the company.

The number of steps taken and the time allowed for resolution of performance problems are dependent upon the nature and severity of the problem. If a policy, rule or procedure violation is severe, the progressive steps may be eliminated and termination from the company may be deemed appropriate. Disciplinary actions involved in each step may be:

Verbal warning and counseling: If the station management or representative of the board of directors views behavior or performance on the job as problematic, he or she will counsel the employee on a regular basis and monitor progress regarding the situation.

Written warning: The station management or representative of the board of directors will document the problem and previous discussions and outline steps required to make necessary improvements.

Suspension with or without pay: If the problematic behavior or performance continues after the written warning, the employee may be suspended without pay. Details, including length of suspension and requirements for reinstatement, will be outlined in writing. XXXX protocol favors two suspensions before termination occurs after a third violation. Return from suspension is contingent upon employee agreement to follow station rules and regulations.

Suspension is approached as an opportunity to resolve personal issues to ensure their success. When possible, XXXX policy favors supporting the employee in resolving behavior or substance abuse issues, and may offer suggestions for pursuing treatment, with the preference that treatment be reported to XXXX.

Termination: When all measures of progressive corrective action regarding behavioral or performance problems have been taken, and there is no improvement, the employee will be discharged. Discharge may result without progressive discipline as determined by the severity of the violation. Employees of XXXX work at the will of the organization.

**PERFORMANCE AND DEVELOPMENT**

XXXX recognizes that employees need regular performance feedback and appropriate rewards for good performance. Therefore, we require regular performance evaluations of all employees, by their immediate supervisors, to discuss job performance and other work-related issues. All pay adjustments are contingent upon performance. The evaluation schedule will be: 90 days from the hire date, nine months from the hire date, thereafter annually from that nine-month date, and at the end of the 90 day probationary period, six months from the hire date, thereafter annually from the hire date.

**PAY PERIODS AND PAYDAYS**

XXXX schedules pay periods and paydays for salaried employees semi-monthly. The pay periods end on the 15th and the last day of every month. There is no delay in the processing, except for the payment of earned overtime, and some adjustments. Because pay period ending dates and paydays are the same, employees who earn overtime in that pay period will see the payment for the overtime, as well as any other adjustments, on the next paycheck.

XXXX also pays hourly employees semi-monthly. Hourly employees complete time sheets by predetermined dates and are paid through those dates, causing pay periods and paydays to be slightly different.

 **OVERTIME**

Qualifying employees will earn overtime at a rate of one and one half times their normal hourly rate for all hours worked over 40 hours per week. Since our payroll follows a semi-monthly schedule, this seven day (one week) period for overtime calculation begins Sunday morning and ends the next Saturday evening. All time is rounded to the nearest quarter of an hour. Non-working compensation, including paid time off (PTO) and holidays will not be used in the overtime calculation.

Only hourly non-exempt salaried personnel will be paid overtime. If you are a non-exempt employee and subject to overtime compensation, you are to work overtime only at the request and authorization of your supervisor. Employees who qualify as administrative, executive or professional are exempt from the overtime compensation.

**PAYROLL DEDUCTIONS**

Every payday your check stub will show, in abbreviated form, the deductions you have authorized from your gross earnings including: Federal and State withholding, Social Security, and others. Be sure to check your deductions to be sure they are correct.

Your largest deductions, which are probably your Federal and State tax withholdings, are calculated per the information you have supplied on your W-4 forms. These forms designate the number of allowances you wish to claim, your marital status and any additional amount you wish to have withheld. You may make changes in your W-4 status any time by completing new forms and providing them to your supervisor.

**GARNISHMENTS**

We expect all employees to handle their financial affairs without need for employer garnishments. However, XXXX will honor any court-ordered garnishment. To help absorb some of the cost of this additional paperwork, we may charge the employee a fee for each garnishment.

**VI: BENEFITS**

Full-time employees are eligible for the benefits described below.

**PAID TIME OFF**

XXXX does not have separate vacation and sick leave policies. We follow a concept in time-off benefits called "paid time off" or "PTO". This is a very important benefit, because it gives you greater flexibility in managing your time off, and eliminates the need for your supervisor to determine whether time off is for sick leave or vacation. Our PTO schedule follows your anniversary date. PTO is given on accrual basis. Therefore, if you are a full-time employee and have completed 90 days of employment, your initial 90 day trial period, you will be granted 30 hours of PTO. Thereafter, you will earn five additional hours per semi-monthly pay period, based on 15 days or 120 hours per year, through your 3rd service anniversary date or 3rd full year of employment. Beginning in year four through your 6th anniversary date, or the 6th full year of employment, you will earn 6.667 additional hours per semi-monthly pay period, based on 20 days or 160 hours per year. Beginning in year seven, and each year thereafter, you will earn 8.334 additional hours per semi-monthly pay period, based on 25 days or 200 hours per year. No PTO will be earned during any extended leave, and the service period will be extended based on the time away from work during extended leave.

 Time of Service Hours/Year Hours/Pay Period

90 days up to 4 years = 120 hours/year 5 hours

4 years up to 7 years = 160 hours/year 6.667 hours

7 years or more = 200 hours/year 8.334 hours

You can take PTO at any time, but if you plan it in advance, you must give your supervisor advance notice if possible. You may split up your PTO or take it all at one time (up to two weeks) providing your supervisor approves. If multiple employees in your area wish to take their PTO at the same time, your supervisor will determine how many people can be gone without disturbing the work level and production schedule. Employees making leave requests first, may be given priority.

We encourage you to use your PTO, because we believe all employees need breaks. However, because you may wish to take your PTO at a later time, you may hold over a maximum of forty hours (40) of your PTO into the next fiscal year. You will not be paid for any unused paid time off (PTO) time upon resignation or termination, according to the terms of our paid time off (PTO) policy.

**PAID HOLIDAYS**

Employees of XXXX may take the following days as paid holidays:

 New Year's Day

 Thanksgiving Day

 Christmas Day

To be eligible for holiday pay, you must be employed by the company as a regular full-time employee on active status both prior to and immediately following the holiday. You are not eligible if you are on a personal or medical leave of absence. When a paid holiday falls on a Saturday or Sunday, customarily either the Friday before or the Monday after is observed as the paid holiday.

**PRE-TAX BENEFITS**

If you have health care or other benefit cost deducted from your checks, you can have those deductions made either before tax or after-tax. Before tax means that the costs are subtracted from your gross pay before taxes (Federal, State and Social Security) are calculated. The IRS calls this a salary or wage reduction, meaning you are reducing your gross income, by the amount of the benefit costs, consequently not paying taxes on those amounts. After tax means your benefit costs are subtracted after taxes are figured. The bottom line of the before tax reduction is that the IRS allows you to pay for certain benefits tax-free. Also, your total wage or salary is reported to the IRS after these reductions have taken place, so it appears you have earned less, when you had actually channeled some of your income into tax-free benefits. If you have any questions, please contact your supervisor.

**BEREAVEMENT LEAVE**

The purpose of the Bereavement Leave is to allow time off for employees to grieve the death of an immediate family member or close relative. Employees who have completed three months of employment with XXXX, upon request, will be excused and paid for the absence in the following manner:

In the event of death in your current immediate family, you will be excused from work and paid for 3 days of regularly scheduled work hours.

Time off with pay will be granted to legal guardians of children under 18, in the event of the death of an ex spouse.

We realize in some cases you may need additional time off. In such case, it is first necessary for you to use your PTO. This time off must be approved by the Executive Director and will be taken as an unpaid leave of absence.

**SOCIAL SECURITY TAXES**

For every dollar you contribute to the Federal Social Security Fund, the Company contributes a matching dollar. It is important for you to understand your Social Security benefits in addition to future retirement income. Available to you are life insurance and disability income, along with dependent survivor benefits. To learn more about these benefits, contact the Social Security Administration in your area.

**STATE AND FEDERAL UNEMPLOYMENT COMPENSATION**

All employees are protected from loss of income due to layoffs or certain separations from the Company by State and Federal Unemployment Compensation Insurance. The Company contributes, at no cost to the employee, a percentage of total wages paid to both the State and Federal Unemployment Master Funds. If you would like more information about this program, contact the local job service office in your area.

**WORKER COMPENSATION**

XXXX is required by law to provide worker compensation insurance to all employees. This means you are covered for injuries which arise out of, and occur in the course of, employment. This insurance does not cover employees for other injuries, and does not cover you for injuries or illnesses that are not work-related. If you suffer a work-related injury or work illness, the worker compensation insurance will help pay for the medical treatment and compensation for the time away from work.