**{Company Logo}**

**{Company Name}**

**HUMAN RESOURCES**

**POLICIES & PROCEDURES**

**MANUAL**

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**{Company Name} Human Resources Policies & Procedures Manual**

**Introduction**

1. **Purpose of the Human Resources Policies & Procedures Manual**

{Company name} Policies & Procedures Manual is intended to guide decision making by our management team and to define accountabilities for our employees. Policies and procedures are a key cornerstone to our business success as they inform:

* All levels of management on how to oversee employees in a consistent and unbiased manner;
* Management and employees on the importance of complying with Ontario laws and regulations;
* Management on how to give clear direction when human resources issues or concerns arise;
* Employees on what behaviours and actions are expected so they represent {Company name} in an ethical and responsible manner.

The policies and procedures, within this Manual, apply to the company owner and all employees of {Company name}. {Title or name of individual} is responsible for the administration of the {Company’s name} Policy and Procedure Manual. The policies and procedures will be reviewed on a yearly basis and updated to meet both legislative and business requirements.

1. **Mission, Values and Culture**

These policies & procedures are the backbone that support our mission, core values and culture.

**Our Mission is:**

**[Insert Mission]**

**Our Core Values are:**

**{Insert Core Values}**

**Our Culture:**

Our business is built on respect and we strive to support the dignity of our employees, customers, vendors and other stakeholders. We are only successful when our customers receive the highest quality service and our employees have opportunities to achieve their goals and use their potential.

**[Insert information on culture]**

1. **Structure of Manual**

***Part I: Required Legislative Policies and Procedures*** are mandated by federal and provincial legislation.

***Part II: General Company Policies and Procedures*** provide guidelines for decisions and actions that impact the business.

***Part III:*** ***Policies & Procedures for Employee Management:***

1. Establish consistent practices in recruiting and retaining our employees; and
2. Communicate the rights and obligations of employees.

The purpose of the procedures that accompany the policies is to standardize how the policies will be implemented within all {Company name} departments.

1. **Terminology:**

The term ‘***management***’ is used throughout the Manual to refer to managers, supervisors or lead hands that oversee the daily work of employees and who provide performance instruction and oversight; consequently, are responsible for carrying out the policies and procedures within this Manual.

Signature:

{President/Company Owner}

Date:

**PART I Required Legislative Policies & Procedures**

* 1. Accessibility for Ontarians with Disabilities in the Workplace
  2. Health & Safety
  3. Impairment Prevention in the Workplace
  4. Prevention of Violence & Harassment in the Workplace
  5. Protection of Personal Information

* 1. **ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES IN THE WORKPLACE POLICY**

{Company name} is committed to providing services to the public and an inclusive work environment where everyone is treated with:

***Dignity***: a person with a disability will be treated in a manner where the individual maintains self-respect and the respect of others.

***Independence***: a person with a disability has the right to do things without unnecessary help or interference from others.

***Integration***: a person with a disability will have access to the same services, events, benefits, etc. as all {Company name} employees with any required accommodation(s) provided.

***Equal Opportunity***: the accessibility needs of a person with a disability will be provided to ensure equal opportunity to take part in {Company name’s} employment processes.

{Company name} strives to meet the needs of its employees, applicants applying for jobs and the public with disabilities. We are committed to fulfilling our requirements under the Accessibility for Ontarians with Disabilities Act (AODA).

{Company name} provides training to all employees on this policy in the orientation process; and also ongoing training as new information arises or changes to the policy are made.

**DEFINITIONS**

**Disability:**

A disability covers a broad range and degree of conditions and may have been present at birth, caused by an accident or developed over time. A disability can include:

* Any degree of physical disability, infirmity, malformation or disfigurement caused by bodily injury, birth defect or illness;
* A condition of mental impairment or developmental disability;
* A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken languages;
* A mental disorder;
* An injury or disability for which benefits were claimed or received under the insurance plan established under workplace Safety and Insurance Act, 1997.[[1]](#footnote-1)

**Accessibility in the Workplace:**

Accessibility in the workplace occurs when a company’s employment practices meet the needs of employees and job applicants with disabilities.

**PROCEDURES FOR ALL BUSINESSES REGARDLESS OF SIZE**

The following procedures are specific to the AODA related to human resources and health & safety practices.

1. **Recruitment, Selection and Retention**
2. Recruitment:
3. Included in job postings is a statement to let applicants know that accommodation is provided, if requested, during the hiring process. The following is an example statement:

*{Company name} welcomes and encourages applications from people with disabilities. Accommodations are available, on request, for applicants taking part in all aspects of the recruitment and selection process. Applicants are requested to make their accommodation needs known in advance;*

1. When booking interviews inform applicants, if it’s required, accommodation can be provided during the interview process. If an applicant identifies as an individual with a disability, discuss with the applicant the appropriate accommodation required;
2. Interviews are conducted in an accessible location and additional time is allocated for applicants with disabilities, if requested;
3. Assessment tests are provided in accessible formats, if requested;
4. Individuals with disabilities can bring a support person with them to an interview and the individual is allowed to take part in the interview;
5. The letter of offer includes a statement indicating {Company name} has policies in place for accommodating employees with disabilities. An example of a statement is:

*{Company name} has an accommodation process in place that provides accommodation to employees with disabilities. If you require a specific accommodation because of a disability or a medical need, please contact {Company representative name and title} at {phone number} or {email}. This ensures that the appropriate accommodations are in place before you begin your employment*.

1. Performance Review Process:
2. When a person with a disability is being assessed, management will take into account the difference between disability-related issues and on the job and performance-related issues;
3. When conducting performance review meetings with employees with disabilities, ensure the meeting room is accessible;
4. When requested, provide accessible information formats or communication supports for completing the performance review form;
5. Allocate additional time for the performance review meeting to ensure the employee’s disability is taken into account.
6. Training/Coaching:
7. Training and coaching is provided in a way that is accessible for an employee with a disability (i.e. allow the employee with a learning disability to record the conversation);
8. Training and development materials are provided in an accessible format, if requested;
9. If individuals with disabilities are attending training sessions, ensure the location and training room is accessible. Identify any communication aids that will be required for participants with disabilities.
10. Promotion/Job Changes:
11. When offering an employee with a disability an opportunity for advancement or a job change, accommodation needs are assessed, before the move, so the employee can prepare for the new position;
12. The employee is encouraged to confidentially discuss accommodation needs with management prior to taking on the new position.
13. **Communication Protocols**
14. Communication of Accessibility Policy to Employees:
15. All new employees will be informed about {Company name} policies to support individuals with disabilities during new employee orientation;
16. Any changes or adaptations made to this policy or its procedures will be communicated to all employees.
17. Workplace Information:
18. Workplace information will be provided in an accessible format or with a communication support when requested by an employee with a disability. This includes:
    * Any information the employee needs to perform the job (i.e. job description, employee handbook, operations and training manuals, health & safety manual, policies & procedures, etc.),
    * General information that is available to all employees (i.e. newsletters, bulletins, updates on company policies, employee orientation and training materials, employee surveys, all staff emails, etc.),
    * Information about emergency procedures;
19. Management and the employee will discuss the best accommodation for the individual’s needs. The following options for accessible formats or communication supports can be requested:

Types of Accessible Formats:

* HTML and Microsoft Word;
* Braille;
* Accessible audio formats;
* Large print;
* Text transcripts of visual and audio information.

Types of Communication Supports:

* Reading the written information aloud to the person directly;
* Exchanging handwritten notes or providing a note taker;
* Captioning of audio devices;
* Assistive listening devices;
* Augmentation and alternative communication methods and strategies (i.e. the use of letter, word, picture boards, devices that speak out, etc.);
* Sign language interpretation or intervenor services;
* Repeating, clarifying or restating information.

{**Note:** The following website gives instruction on how to create documents in electronic files to convert into accessible formats including braille, DAISY and web pages to allow screen readers to navigate the information effectively: <https://www.ontario.ca/page/how-make-information-accessible>.}

1. Workplace Emergency Response Information for Individuals with Disabilities:
2. Individualized emergency information will be developed by management and the employee with a disability;
3. Consent will be requested by management, from the employee, to share this information with the people designated to assist the employee in an emergency;
4. Management will write an Emergency Response Plan (template found in Appendix I), review the Plan with the employee and provide the Plan in an accessible format, if requested.
5. Emergency and Public Safety Information:
6. When an individual with a disability requests emergency or public information, it will be provided in an accessible format or with communication support;
7. The following information will be available to deal with emergency and safety issues: {state where this information can be found}:

* Emergency plans and procedures,
* Maps, warning signs and evacuation routes,
* Information about alarms or other emergency alerts.

1. Public Information:
2. Information publicly available will be provided in an accessible format or with a communication support when requested by an individual with a disability. The information usually is general company information found on the company’s website, product offerings, marketing material, annual reports, etc.
3. Feedback Process for Employees and the Public:
4. When feedback is requested from employees or the public, the feedback can be provided from individuals with disabilities in a variety of forms (i.e. handwritten, electronic, via telephone, surveys or comment cards, etc.) to accommodate a disability;
5. When requested, a suitable format or communication support will be provided.

**ADDITIONAL PROCEDURES FOR COMPANIES WITH 20 EMPLOYEES OR MORE**

{**Note:** Under AODA, for compliance requirements a company must count all full time, part-time, seasonal and contract employees. The count includes employees who the company: a) pays a wage or salary; b) has control over the work assigned; and c) has a right to control the details of the work.}

1. Accessibility Compliance & Enforcement Report:

Every three years, an Accessilbity Compliance & Enforcement Report will be completed by {name of department or person}. The compliance report confirms that the company has met current accessibility requirements under the AODA. {**Note:** The deadline for the next report is December 31, 2020.}

**ADDITIONAL PROCEDURES FOR COMPANIES WITH 50+ EMPLOYEES**

1. Statement of Commitment to Accessilbity:
2. {Company name’s} Statement of Commitment can be found on our website {indicate location where it is located on the website};
3. The Statement of Commitment can be found in other publicly offered documents {indicate the documents that you have included a Statement of Commitment}. An example of a Statement of Commitment is:

*(Company name} is committed to providing services to the public and providing an inclusive work environment for its employees where everyone is treated with dignity, independence, integration and equal opportunity. {Company name} strives to meet the needs of its employees and customers with disabilities. We are committed to fulfilling our requirements under the Accessibility for Ontarians with Disability Act.*

1. Multi-Year Accessibility Plan:
2. {Company name} has in place a Multi-Year Accessibility Plan which outlines our existing barriers to accessibility and goals to eliminate the barriers including the deadlines when goals will be achieved. The Multi-Year Accessibility Plan can be found {state place on website where it is located};
3. The progress of the plan is reviewed and updated yearly with the management team;
4. Every five years the Plan is reviewed comprehensively, and the updated Plan is posted {indicate where the Plan is posted on the website}.

{**Note:** Accessibility Ontario provides a ‘Multi-Year Accessibility Plan’ template for $25.00: <https://accessontario.com/store/multi-year-accessibility-plan-template/>}

1. Accommodation Plan for an Individual with a Disability:
2. When an employee with a disability requests accommodation or when management recognizes that an employee needs accommodation, management and the employee will develop an individualized Accommodation Plan;
3. The employee is informed of the information required to identify accommodation needs and options. ***The employee does not need to disclose the nature of the disability or treatment. The following medical information can be requested:***
4. Whether the employee has a disability and if so,
5. What accommodation the employee needs;

The employee is informed that {Company name} will cover the costs of any information or assessments required;

1. To support the employee in determining accommodation needs, provide medical practitioners with the following information:
2. Employee’s job description and task analysis, if available,
3. Employee’s work schedule,
4. Whether the employee is in a safety-sensitive position,
5. Any other relevant information that is particular to the workplace;
6. Management and the employee will work together to determine the most effective and appropriate method of accommodation to address the employee’s needs. Accommodations suggested by employee is taken int account. However, management can select an option that is less costly or easier to provide if it meets the employee’s accommodation needs;
7. Once an accommodation is decided on, management will formally write the Accommodation Plan (template found in Appendix II);
8. Once the Plan has been accepted by management and the employee, it will be implemented immediately;
9. The employee has a duty to cooperate and fulfill the requirements outlined in the Accommodation Plan;
10. The Plan will be reviewed {indicate how often the Plan will be reviewed} to confirm that the accommodation continues to be appropriate;
11. The Plan will be reviewed if the employee’s work location or position changes or if the nature of the employee’s disability changes;
12. In the situation where the employee is not fulfilling the requirements of the Accommodation Plan, it is suggested a lawyer should be consulted for further direction.
13. Return to Work Process for an Employee with a Disability:

{Company name} is committed to supporting employees who have been absent from work due to a non-work disability and who require accommodation in order to return to work. The following process will be adhered to support the employee’s safe return to work:

.

1. While the employee is on leave:

The return-to-work coordinator {name the position or person} will:

* Maintain regular contact with the employee, with the employee’s consent,
* Provide the employee with return to work information and assist with problems with treatment, if requested by employee,
* Monitor the employee’s progress until fit for work.

The employee will:

* Get and follow the appropriate medical treatment,
* Update the return-to-work coordinator on treatment progress,
* Provide healthcare provider with return to work information.

The health care provider will:

* Provide the appropriate and effective treatment for the employee,
* Provide required information on employee’s functional abilities if required;

1. The return-to-work coordinator, employee and health care provider (if required) will develop a Return to Work Plan (template found in Appendix III). This is included in the employee’s Accommodation Plan (if applicable). The Return to Work Plan indicates whether the employee will:

* Return to work to a temporary modified job with accommodation or to an alternate transitional position as the employee has temporary functional limitations,
* Return to work with permanent accommodations or is reassigned to another permanent job as the employee has lasting functional limitations;

1. Management, the employee and the return-to-work coordinator (if not management) will review the Return to Work Plan regularly until it is completed and modify it to overcome challenges the employee may experience.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

* 1. **HEALTH & SAFETY POLICY**

{Company name} considers the health and safety of our employees to be of primary importance. Our objective is to conduct our business in the safest possible manner consistent with the Occupational Health & Safety Act’s (OHSA) regulations and best practices in the Landscape Horticulture Industry. {If you have a wellness program include the following statement} Through our wellness initiatives, we encourage and support wellness programs that enhance employees’ health, improve attendance, improve morale and overall productivity.

The management of {Company name} is committed to continuous improvement towards an accident-free workplace through effective health & safety procedures, education and training.

Accidental loss can be controlled by good management in combination with active employee involvement. At {Company name}, safety is the direct responsibility of the owner, management and employees. When we all take responsibility, {Company name} can proactively prevent accidents in our facilities and on worksites.

Disregard or wilful violation of this policy by employees will be considered cause for disciplinary action, termination of employment or legal action depending on the severity of the infraction.

**PROCEDURES**

1. **Owner Accountabilities**
2. {Owner} will review the policy annually and re-post signed copy of the policy in an accessible workplace location;
3. {Company name} provides employees with equipment, materials and personal protective devices that are in safe condition;
4. Workers are informed of all workplace hazards (i.e. site-specific hazards; handling, storage, use, disposal and transport of hazardous materials or equipment);
5. All employees are provided with health & safety training in new employee orientation; and ongoing training on health & safety procedures;
6. Management is trained in roles and responsibilities; how to improve health & safety practices; and how to report incidents;
7. A formal workplace inspection is conducted {indicate how often i.e. monthly, quarterly, annually, etc.} to identify substandard conditions and corrective actions that need to take place;
8. A copy of OHSA, pertinent regulations and material provided by the Ministry of Labour are posted {indicate locations}. Information on the regulations and materials that should be posted can be found at <https://www.ontario.ca/page/posters-required-workplace>.
9. **Management Accountabilities**
10. Model a positive ‘health & safety’ attitude by following all health & safety procedures;
11. Monitor heath & safety processes and take immediate action when violations occur, including disciplinary action;
12. Investigate, document and report all incidents and injuries to employees or anyone else on the work location as well as property or equipment damage. Review incidents with the owner and with the Joint Health & Safety Committee (JHSC)/ Health & Safety (H & S) Representative;
13. Ensure equipment, materials and protective devices are used properly and in a safe manner;
14. Ensure preventative and regular maintenance is conducted on all equipment and machinery;
15. Inspect working conditions on a new job site, inform employees of any hazards and if required, suspend work activities until an unsafe condition is corrected;
16. Management, in partnership, with the JHSC/H & S Representative will review health & safety processes, identify areas of improvement and puts corrective actions in place on a yearly basis;
17. Hold regular {state how often} health & safety information sessions with employees;
18. Provide training and standard operating procedures information to employees for their specific job;
19. Work cooperatively with JHSC/H & S Representative to proactively discuss and resolve issues;
20. Perform informal workplace inspections daily and formal workplace inspections {state whether monthly, quarterly, annually, etc.}.
21. **Employees Accountabilities**
22. Fully comply with regulations of OHSA and {Company name} health & safety policies and procedures;
23. Report immediately any personal injury, however minor;
24. Wear personal protective clothing and devices at all times and report any missing or defective protective equipment immediately to management;
25. Report any observed hazards or risks immediately to management;
26. Cease to operate any equipment, machinery or device which is defective or may endanger self or other;
27. Refrain from any ‘horse play’ which OHSA defines as ‘any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct’;
28. Attend required health & safety training and apply knowledge in carrying out job duties.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

{**Note: For each of the above procedures, written indepth processes should be included. The following resources will assist in developing those processes:**

Work Safety & Prevention Services

<http://www.wsps.ca/Small-Business-Centre/Home.aspx>

Work Safety & Prevention Services: Health & Safety Resource Downloads

<http://www.wsps.ca/Information-Resources/Downloads.aspx>

Ministry of Labour: Health & Safety for Small Businesses

<https://www.labour.gov.on.ca/english/atwork/smallbusiness.php>}

* 1. **IMPAIRMENT PREVENTION IN THE WORKPLACE POLICY**

{Company name} expects that all employees will ***report ‘fit for work’ - come to work in a physical and mental state that allows them to perform their duties safely***, with good judgement and to required standards.

Storage or use of alcoholic beverages, illegal drugs or recreational cannabis on company worksite; in company vehicles; or off-site work locations is strictly prohibited.

Distribution, sale or transfer of alcohol, illegal drugs, prescriptive drugs/cannabis or recreational cannabis is strictly prohibited on company worksite; company vehicles; or off-site work locations.

{Company name} recognizes that disabilities are protected through Ontario Human Rights legislation and we will provide confidential and appropriate accommodation to employees when a disability due to substance use/dependency is confirmed.

All employees are expected to comply with this policy. Depending on the seriousness of the violation, the consequences could include progressive disciplinary action, termination of employment or legal action.

**DEFINITIONS**

**Fit for Work:** employees are required to come to work in physical and mental condition to effectively and safely perform their job duties without impairment due to the use of or after-effects of alcohol, illegal drugs, recreational cannabis or medically prescriptive medication/cannabis.

**Impairment:** The Canadian Human Rights Commission defines impairment at work as “diminished ability to fulfill or remain focused on a task”[[2]](#footnote-2) and the appearance of impairment at work as “odour of alcohol or drugs, glassy or red eyes, unsteady gait, slurring or poor coordination”.[[3]](#footnote-3)

**Safety Sensitive Positions:** are ones which “if not performed in a safe manner, can cause direct and significant damage to property, and/or injury to the employee, others around them, the public and/or the immediate environment”.[[4]](#footnote-4)

**Substance Use:** refers to the use of legal, illegal and prescription substances.

**PROCEDURES**

This section outlines the accountabilities for the owner, management and the employees to deal with impairment in the workplace.

1. **Owner/Management Accountabilities**
2. Prevention:take reasonable precautions to ensure employees are not impaired when performing their work on company property and in company vehicles;
3. Safety Sensitive Positions: inform employees who work in safety-sensitive positions of the importance to disclose when their use of a prescribed drug or cannabis could cause a safety issue. Encourage employees to ask for disability-related accommodation before harmful incidents occur. Management will take immediate action to stop an employee from operating machinery or vehicles if impairment due to substance use is suspected and conduct an investigation;
4. Employee Training:train employees on the hazards and consequences of impairment and how to recognize and respond to possible signs of impairment;
5. Management Training: train management to recognize the signs of impairment, rights of employees and procedures for dealing with employees who appear or are impaired;
6. Investigate: promptly investigate substance impaired allegations in a timely, fair, unbiased and confidential manner;
7. Accommodation:provide confidential disability-related accommodation that is reasonable for the situation and in a timely manner;
8. Confidentiality: information related to an accommodation request and an Accommodation Plan is held in confidence and only disclosed with the consent of the employee unless legally required.
9. **Employee Accountabilities**
10. Fit for Work:report ‘Fit for Work’ for all scheduled shifts and remain ‘Fit for Work’ while on company property, in company vehicles, conducting company business or working on off-site locations;
11. Medically Prescribed Medication:use medically prescribed medication (drug or cannabis) responsibly to ensure safe performance of duties. Report any necessity for modified work or accommodation to management, particularly in safety-sensitive positions;
12. Zero Tolerance:distributing, possessing or using illegal drugs, recreational cannabis or alcohol on company property, in company vehicles or off-site work locations is strictly prohibited;
13. Report Impairment in the Workplace: notify management immediately if a co-worker appears unfit for work or is working in an unsafe manner;
14. Personal Responsibility: employees will take personal responsibility to seek advice if concerned about substance use and follow prescribed treatment;
15. Disclosure: an employee who has a substance dependency or emerging alcohol, drug or cannabis problem that can affect doing the job safely is strongly encouraged to speak confidentially to management.
16. **Investigation Process**

The following steps will be taken by management to investigate alleged incidents of impairment; and to provide accommodations for employees when substance use/dependency is declared a disability.

1. {Company name} investigates all allegations or violations of this policy immediately;
2. If an employee is deemed unfit for work, management will:
   * Take the employee away from the job area, a private place is preferred, and give the employee an opportunity to explain why the employee appears to be unfit for work. Thoroughly document all the details of the discussion,
   * Get a second opinion from another supervisor, if possible, on the employee’s fitness to stay on the job. Document the second opinion,
   * Determine whether or not the employee can return to work and document reasons for the decision,
   * Provide transportation or escort home or to a hospital/clinic depending on the circumstances,
   * Prohibit the employee from operating any machinery or vehicles until the matter has been resolved,
   * Document, in detail, discussions with witnesses or any other evidence, including the corrective action taken. (i.e. progressive discipline, termination or legal action depending on the severity of the incident),
   * Report the incident and results to next level of management or the owner;
3. If the employee is classified as having a disability due to use or dependency of a substance, management, in discussion with the employee, will develop an Accommodation Plan (template found in Appendix II);
4. Procedures for developing an Accommodation Plan can be found in the ‘Accessibility for Individuals with Disabilities in the Workplace Policy’ {state page number}.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

* 1. **PREVENTION OF VIOLENCE & HARASSMENT IN THE WORKPLACE POLICY**

Workplace violence, harassment or sexual harassment is not tolerated from any person including management, employees, customers, vendors or members of the public on our premises or off-site locations. {Company name} takes reasonable actions to prevent violence and harassment in the workplace.

Everyone within {Company name} including the owner, management and employees are expected to work together and to adhere to this policy and its procedures.

All complaints, potential incidents or actual incidents of workplace violence, harassment or sexual harassment will be immediately investigated in a fair and timely manner. Depending on the severity of the proven offence, corrective action will be taken; which could include progressive discipline, termination of employment or legal action.

Employees are encouraged to raise concerns or report incidents of workplace violence, harassment or sexual harassment. Employees will not be penalized or disciplined for reporting an incident in good faith or for participating in an investigation.

Information disclosed about an incident or complaint is confidential. It will not be revealed except when necessary to protect employees, to investigate the complaint or incident, to take corrective action or as otherwise required by law.

**DEFINITIONS**

**\*The definitions are adapted from: Ontario Ministry of Labour: ‘Understand the Law on Workplace Violence & Harassment’:** <https://www.ontario.ca/page/understand-law-workplace-violence-and-harassment>

**Workplace Violence:**

* Using physical force against an employee that causes or could cause physical injury;
* Making an attempt to exercise physical injury to an employee;
* Making a statement or taking an action that an employee can reasonably interpret as a threat to use physical force that could cause physical injury.

**Workplace Harassment:**

* Engaging in unwelcome words or actions against an employee that are known or should be known to be offensive, embarrassing, humiliating or demeaning ( i.e. sexual, psychological, personal);
* Engaging in behaviour that intimidates, isolates or discriminates against an employee in the workplace;
* Bullying is a form of workplace harassment and is demonstrated by:
  + Engaging in acts or verbal comments that could ‘mentally’ hurt or isolate an employee in the workplace,
  + Engaging in repeated actions or patterns of behaviour that are intended to intimidate, offend, degrade or humiliate an employee or group of employees,
  + Asserting power through aggression in the workplace. [[5]](#footnote-5)

**Workplace Sexual Harrassment:**

* Engaging in words or actions against an employee because of sex, sexual orientation, gender identity or gender expression where the comments or actions are known or ought to reasonably be known to be unwelcome;
* Making a sexual solicitation or advancement to an employee where the individual knows or ought to reasonably know the solicitation or advance is unwelcome.

**Actions not Considered as Harassment:**

* Reasonable action taken by management when directing the workplace is not workplace harassment;
* The following are considered normal management functions: changes to work assignments, scheduling, job assessment and evaluation, workplace inspections, implementation of health & safety measures and disciplinary action.

**Gender Identity:**

* An individual’s internal and individual experience of gender;
* It is the sense of being a woman, man or both along the gender spectrum;
* A person’s gender identity may be the same as or different from their birth-assigned sex.

**Gender Expression:**

* How a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language or voice;
* A person’s chosen name and pronoun are also common ways of expressing gender.

**Domestic Violence:**

* Situations where a person who has a personal relationship with an employee (i.e. a spouse or former spouse, current or former intimate partner or a family member) who may physically harm or attempt or threaten to physically harm an employee at work.[[6]](#footnote-6)

**ACCOUNTABILITIES**

This section outlines the owner’s; management’s; and employees’ accountabilities to deal with workplace violence, harassment and sexual harassment at {Company name}.

1. **Owner Accountabilities**
2. Compliance:the owner fully complies with this policy and under no circumstances initiate an act of violence, harassment or sexual harassment;
3. Workplace Risk Assessment: a violence risk assessment is conducted annually or more frequently if:
   1. The workplace moves, or the existing location is renovated or reconfigured,
   2. There are significant changes to the type of work employees undertake,
   3. There are significant changes to the conditions of work,
   4. There is new information on the risks of workplace violence or harassment,
   5. An incident indicates risks related to the workplace or working conditions that were not identified during earlier assessments;
4. Communication:the policy is posted {indicate the location(s)}. When changes to the policy occur, the policy will be updated and re-posted;
5. Training:all new employees will be trained on this policy. Ongoing training will be provided to employees on how to recognize signs and handle incidents of workplace violence, harassment or sexual harassment;
6. Proactive Measures:reasonable measures are in place to protect employees from the threat of or actual workplace violence, harassment or sexual harassment at the business location and off-site work locations;
7. Protocol for Reporting Incidents: a contact list is posted {indicate location} identifying the following protocol for reporting incidents: ‘employees must immediately report a complaint, potential or actual incident to their immediate supervisor or manager. If their supervisor or manager is the alleged perpetrator, employees will report the complaint or incident to {indicate the name, position, phone number and email}. If the owner is the alleged perpetrator, the employee will report the compliant or incident to {name the designated individual or organization, phone number, email address}’.
8. **Management Accountabilities**
9. Compliance:management fully complies with this policy and under no circumstances initiates an act of violence, harassment or sexual harassment;
10. Communication: new employees are informed of the policies and procedures for reporting incidents through new employee orientation. Reminders on the policies and procedures for reporting incidents are regularly communicated through health & safety meetings {include intranet, internal newsletters or other existing communication vehicles};
11. Investigating Incidents**:** complaints, potential or actual incidents will be investigated immediately. Management will inform {state position or department or owner} of complaints or potential or actual incidents.
12. **Employees Accountabilities**
13. Compliance:employees will fully comply with this policy and under no circumstances initiate an act of violence, harassment or sexual harassment;
14. Reporting Incidents:employees will follow the protocol for reporting incidents posted by the owner (state where the list of contacts are posted}. If the incident is extreme or there is an imminent threat of physical harm to the employee or another person, the employee will contact 911;
15. Incident Investigations:employees are asked to fully cooperate and disclose information in a workplace violence, harassment or sexual harassment investigation.

**PROCEDURES**

The following steps will be taken to investigate and put action plans in place to deal with incidents of workplace violence, harassment or sexual harassment.

1. **Workplace Violence**
2. An employee that witnesses or is a victim of potential or actual workplace violence will immediately contact management or an emergency number if management is not available {indicate where emergency numbers are posted};
3. All physical assaults involving an employee occurring on {Company name} property will be reported to the police;
4. Threats of physical violence will be investigated and reported to the police if the allegation has been proven to be an assault;
5. False accusations are very serious and will be dealt with under {Company name} progressive disciplinary policy;
6. All complaints, potential incidents or actual incidents are recorded on a Workplace Violence Incident Report (template found in Appendix IV). Copies will be provided to management and the owner;
7. Management will carry out an investigation which will include:
   * A documented interview with the complainant,
   * A documented interview with the alleged perpetrator,
   * A documented interview with other employees or individuals present when the incident occurred,
   * Any other steps deemed relevant to the investigation of the complaint or incident;
8. A written report will be completed by management indicating any corrective actions to prevent similar incidents from occurring again;
9. If the complaint is proved justified, a Corrective Action Plan will be developed by management;
10. If the employee who experienced potential or actual violence needs further support or assistance, the employee can contact {include JHSC’s contact name or name of H & S representative, name and contact of employee assistance program if one exists} or the Ontario Human Rights Tribunal.
11. **Domestic Violence**
12. An employee will notify management if concerned that an incident of domestic violence could occur in the workplace;
13. A safety plan is developed with the employee and management to protect the employee while in the workplace or off-site work location;
14. If an employee and spouse or partner work at {Company name}, and there are concerns about domestic violence occurring in the workplace, management will follow the procedures for workplace violence in dealing with the alleged employee’s abusive behaviour.
15. **Workplace Harassment/Sexual Harassment**

**\*As this procedure applies to both workplace and sexual harassment, the term harassment is used for both terms. The term ‘investigator’ refers to the person investigating the alleged complaint or incident.**

1. Employees will immediately inform management of complaints, potential incidents or actual incidents of harassment following the protocol for reporting;
2. The investigator will ensure the investigation is kept confidential and evidence gathered is not disclosed unless necessary to conduct the investigation;
3. The investigation will include:
   * Documented interview with the employee who allegedly experienced the workplace harassment,
   * Documented interview with the alleged harasser if the person is an employee of {Company name}. If the alleged harasser is not an employee, the investigator will make reasonable efforts to interview the alleged harasser,
   * Documented interview with any relevant witnesses employed by {Company name} who have been identified by the employee who alleged the harassment, the alleged harasser or other employees as required. Reasonable efforts must be made to interview any relevant witnesses who are no longer employed by {Company name},
   * Collect and review any relevant documents;
4. The investigation will be completed as quickly as possible and no later than ninety (90) days from the date the incident was reported;
5. The investigator will inform the employee who has allegedly experienced the harassment, the alleged harasser and any witnesses to refrain from discussing the incident or the investigation with each other or other employees to maintain confidentiality for all parties concerned;
6. A written report will be completed by the investigator using the Workplace/Sexual Harassment Investigation Form (template found in Appendix V) summarizing and documenting:

* Steps taken during the investigation,
* The complaint or incident,
* Allegations of the employee who allegedly experienced the workplace harassment,
* Response of the alleged harasser,
* Evidence from the witnesses, and other evidence gathered,
* Conclusion of whether the workplace harassment happened or not;

1. Within ten (10) days of the investigation being completed, the employee who allegedly experienced the harassment and the alleged harasser, if the individual is an employee of {Company name}, will be informed in writing of the results of the investigation and corrective active taken (if proven that harassment occurred);
2. A Ministry of Labour inspector can order {Company name} to have an investigation into an incident or complaint of harassment carried out by an impartial person possessing such knowledge, experience or qualifications as are specified for an inspector. The investigation would be conducted at {Company name} expense and a written report would be provided to the owner;
3. All records of the investigation with be kept confidential.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

* 1. **PROTECTION OF EMPLOYEE PERSONAL INFORMATION POLICY**

{Company name} collects only personal information for inclusion into employee files (paper or electronic) that govern the employee while at work. {Company name} follows these guidelines:

1. {Company name} will disclose to employees what personal information it collects, why it collects it and how it will be used;
2. Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the employee or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes;
3. {Company name} will only collect personal information that is necessary to manage the employee’s employment and work obligations and the information will be collected by fair and lawful means;
4. Personal information shall be as accurate, complete and up-to-date;
5. Employees can access personal information upon request and be able to challenge it’s accuracy or completeness.

**PROCEDURES**

1. All employee files are kept in a secure location or password protected electronic file and are not shared with anyone except authorized individuals and the employee;
2. Information contained in an employee’s personnel file (either in paper or electronic format) includes the following: resume, references, letter of offer, performance reviews, job description and amendments, training records, disciplinary notices, tax forms, payroll records, copies of enrolment for benefit, approved leave requests, promotions/job re-assignments and commendations;
3. Employees can request to review their personnel files or information in the presence of an authorized individual and can obtain copies of the information;
4. If an employee believes the information on file is inaccurate, the employee can add a statement to the file to document that opinion;
5. Employee personnel files or electronic information will be destroyed seven (7) years after the conclusion of employment;
6. Resumes of individual not hired for positions will be held for one (1) year and then destroyed unless directed otherwise by the applicant.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

**PART II General Company Policies & Procedures**

* 1. Code of Conduct
  2. Confidential Information, Intellectual Property & Information Technology (I.T.)
  3. Conflict of Interest
  4. Handheld Devices While Driving
  5. Managing Stress in the Workplace
  6. No Smoking
  7. Reporting Gross Misconduct
  8. Retirement
  9. Use of {Company Name} Property/Equipment

* 1. **CODE OF CONDUCT POLICY**

{Company name} is committed to uphold the highest standard of ethical behaviour in all its business activities. The Code of Conduct sets out accountabilities for how management will oversee business activities and relationships; and how employees will conduct themselves at work or when representing {Company name}. Every employee is expected to comply fully with this policy. Any breach of the Code of Conduct will be dealt with disciplinary action up to and including termination of employment. Where laws have been violated {Company name} will cooperate fully with the authorities.

1. **Management Accountabilities**

Integrity: we operate the business with the highest ethical standards and treat all employees fairly and with respect. {Company name} promotes business and human resources practices that positively impact our employees, our community and the environment;

Leadership: management will be a role model by:

1. Following the Code of Conduct,
2. Communicating and reinforcing the importance of employees adhering to the Code of Conduct,
3. Investigating violations immediately;

Management is responsible for providing employees with training and implementing practices that promote teamwork. It is management’s role to objectively and fairly evaluate performance; develop training and learning goals for employees; and promote a continuous learning environment;

Diverse and engaged team: {Company name} values the diversity in the backgrounds, skills, strengths and perspectives that employees bring to the business. We foster a work environment which enables employees to take pride in their work and in providing the highest level of service to our customers;

Employment Practices:{Company name} strives to provide accessibility in the workplace for individuals with disabilities by making its employment practices accessible;

Good corporate citizen: our objective is to be actively involved in the community we work in. Our intent is to help to improve the quality of life for others by being socially and environmentally responsible;

Safety: {Company name} is committed to providing a safe and secure work environment to prevent injuries. Management will follow and enforce our health and safety policies and regulations.

1. **Employee Accountabilities**

Code of Conduct Compliance: our employees are expected to fully comply with the Code of Conduct and other policies within the Employee Handbook;

Job expectation: employees are expected to come to work ‘Fit for Work’ and fulfill their job obligations to the best of their abilities. Employees are expected to work the specified hours as outlined in their employment letter of offer or employment contract;

Employees will be courteous and maintain a positive attitude when interacting with customers, the public and fellow employees. Employees will act in a professional manner which includes refraining from swearing, demonstrating a negative attitude or acting in anyway that does not represent {Company name} in a businesslike manner;

The quality of our employees’ work leads to customer satisfaction, long lasting customer relationships and a competitive advantage. Employees are required to follow job instructions and project specifications to fulfill {Company name} commitments to our customers;

Respect the rights of all individuals: discrimination or harassment, of any kind, with regard to race, ancestry, colour, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, sex or sexual orientation is prohibited. {Company name} expects all employees to treat customers, the public, other employers and management with dignity and respect;

Safety: {Company name} is committed to providing a safe and secure work environment to prevent injuries. It is expected that every employee will assume personal responsibility for complying with {Company name} health and safety policies and regulations;

Use of company property/equipment: employees are responsible to use company property or equipment in a safe manner; and also to safeguard the use of property or equipment from unauthorized or inappropriate use or destruction. Equipment and vehicles must be maintained and kept clean, inside and out, including the removal of litter/garbage and personal belongings. Tools and supplies must be well stored, maintained, used and operated in a safe manner.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.2 **CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY POLICY**

Employees under no circumstances will divulge any information or intellectual property which is stored on paper, electronically or on mobile devices. Confidential information means all information concerning {Company’s name} business and finances. Intellectual property refers to trademarks, copyrights and patents and any work created by an employee in the course of employment with {Company name} and is this work is the property of {Company name}.

Employees will not make, unless authorized in writing by management, paper or electronic copies, films, tape recordings or photographs of {Company’s name} confidential information or intellectual property.

An employee who abuses the technology systems, equipment or data and/or violates the privilege of access to email, Internet or other I.T. services, will be subject to corrective action up to and including progressive discipline, termination of employment or legal action depending on the severity of the infraction.

**PROCEDURES**

The following steps will be taken to protect {Company’s name} confidential information and intellectual property.

1. **Confidential Information**
2. Employees of {Company name} may come into contact with company information and must keep this information confidential. The following are examples of confidential information:

* Customers and suppliers’ contact and pricing information,
* Financial statements and business plans,
* {Company name} pricing policies and pricing statistics,
* Commercial activities, product development and future plans;

1. Any confidential information obtained during employment with {Company name} cannot be used by an employee for personal gain or within another enterprise.
2. **Intellectual Property**
3. Employees will waive all rights of ownership of any work, trademarks, patents or copyrights created or obtained while employed with {Company name}. Work, for the purposes of this policy, refers to written, creative or media work, landscape designs or plans, etc.;
4. All source material used in presentations or written documents must be acknowledged.
5. **Information Technology (I.T.) Usage, Storage and Security**
6. Use of any storage devices (i.e. USB’s, external back-up drives, cloud, CDs, etc.) and their contents are the property of {Company name};
7. Company I.T. equipment is used only for company business unless approved by management;
8. Downloading of personal material on company I.T. equipment/mobile devices is prohibited;
9. Computers or mobile devices can not be used for knowingly transmitting, retrieving or storing any communication that is:

* Considered to be discriminatory, offensive or harassing,
* Insulting, threatening or offensive to any individual or group,
* Obscene, sexually explicit, profane or pornographic,
* Fraudulent,
* In violation of any licence governing the use of software,
* Engaged in any purpose that would be considered a criminal or civil offence.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.3 **CONFLICT OF INTEREST POLICY**

There are two types of conflict of interest that are covered under this policy. The first type occurs when an employee’s personal interest could be or appears to be in conflict with {Company’s name} business interests. Employees must avoid activities or relationships that are in conflict with {Company name} business. This includes opportunities that make themselves apparent while on customer locations or through the use of company information or property. An employee will not compete with {Company name} while employed by the company.

The second conflict of interest covered under this policy is the employment of relatives, spouses or partners who work in the same department. A manager or supervisor cannot directly manage a relative, spouse or partner. When this situation arises, the manager/supervisor or employee may be moved to another department or work area.

When a conflict or potential conflict arises in a relationship between employees, even if there are no lines of authority or reporting involved, the employees may be reassigned to another department or work area.

**PROCEDURES**

1. When a potential or actual conflict of interest is identified, the employee must immediately notify management;
2. If an employee is concerned or has evidence that another employee is in conflict of interest with {Company name}, the employee will bring the concerns or evidence to management. The procedure in ‘Reporting Gross Misconduct Policy’ will be followed to protect the confidentiality of the employee;
3. Management will assess the situation and determine whether or not a conflict of interest exists;
4. If Management deems that an actual conflict of interest exists, action will be taken to resolve the situation;
5. Management will document all relevant information and evidence in the employee’s personnel file; and inform the next of level of management or owner of the situation and action taken.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.4 **HANDHELD DEVICES WHILE DRIVING POLICY**

The purpose of this policy is to ensure employees’ focus is maintained on safely driving while operating company vehicles/machinery to minimize the possibility of accidents. During working hours, {Company name} will not tolerate texting or talking on a handheld device while operating a company vehicle/machinery or conducting company business. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, reading or responding to emails or text messages or surfing the Internet. For the purposes of this policy, handhelds refers to any wireless device that is used to communicate information via calls, texts, emails or Internet.

Employees who choose to violate this policy will be subject to corrective action up to and including progressive discipline or termination of employment depending on the severity of the infraction and its consequences.

**PROCEDURES**

1. Employees are required to turn handhelds off or put on silent or vibrate before starting the vehicle/equipment;
2. A hands-free device (i.e. Bluetooth) can be used only to turn it on and off;
3. It is mandatory that an employee pulls into a safe area, when making a phone call, creating or responding to an email/text or listening to messages on voice mail;
4. To answer incoming calls, an employee must pull over to a safe area. If that is not possible, let the call go to voice mail;
5. No one except an employee can use company issued handheld devices unless in an emergency;
6. There will be no work-related reprisal if an employee refuses to answer a handheld device or participate in a conference call while driving;
7. Employees will use company issued handheld devices for company use only. If handheld devices are used for personal reasons, the employee will be held responsible for cost of personal usage;
8. Employees who are charged with a traffic violation resulting from use of their handheld device while driving, on duty, will be solely responsible for all liabilities, penalties, fines, etc. that result from such actions.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.5 **MANAGING STRESS IN THE WORKPLACE POLICY**

{Company name} is committed to providing a supportive environment that actively promotes the well-being of our employees. Dealing with stress is a complicated matter as stress can be induced by personal issues, workplace environment and/or generally what is happening in the world around us. As a responsible employer, we will provide reasonable support to our employees who are experiencing stress due to personal circumstances. What we can control are situations that cause work induced stress. We continually review and improve work processes to provide reasonable solutions.

**MANAGEMENT ACCOUNTABILTIES**

The following are recommendations from Canadian Centre for Occupational Health & Safety to manage workplace stress:

* Treat all employees in a fair and respectful manner;
* Take stress seriously and be understanding to employees under too much pressure;
* Be aware of the signs and symptoms that a person may be having trouble coping with stress:
  + Changes in eating habits (weight gain or loss),[[7]](#footnote-7)
  + Increased use of alcohol, drugs, cannabis or tobacco,
  + Unusual impatience or irritation,
  + Decreased job performance,
  + Withdrawal from social contact,
  + Frequent absences,
  + Miscommunication,
  + Increased conflict with fellow employees;
* Involve employees in decision-making and allow them input in improving job conditions;
* Provide workplace programs that target the true source of stress i.e. workplace harassment or sexual harassment, job demands, lack of training for supervisors or managers, etc.;
* Survey employees to gain their input on work related stressors;
* Ensure employees have the training, skills and resources they need to be successful in their positions;
* Value and recognize individual’s results and skills;
* Be clear about job expectations;
* Enforce a violence, workplace and sexual harassment policy;
* Train management on how to maintain supportive relationships with employees.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.6 **NO SMOKING POLICY**

{Company name} complies with the provincial Smoke-Free legislation which prohibits smoking, use of e-cigarettes, vaping or use of cannabis in an enclosed workplace, enclosed motorized vehicle or job site trailers.

**PROCEDURES**

1. No smoking, vaping or use of e-cigarettes posters are be posted in visible locations {indicate the areas}. Posters will indicate specific locations {indicate the locations} where smoking, vaping or use of e-cigarettes is allowed both on company property and off-site locations;
2. Once an employee is on company property or job site, there is no smoking, vaping or use of e-cigarettes unless the employee receives permission to take an unpaid break in a designated area;
3. Smoking, vaping or use of e-cigarettes can only occur on assigned break times and in designated areas.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.7 **REPORTING GROSS MISCONDUCT POLICY**

{Company name} encourages employees to report any concerns or suspicions of misconduct in the workplace or on job sites. All reported incidents will be handled confidentially and thoroughly investigated. Employees should be aware that, if a suspicion is reported and results in disciplinary or legal action, their involvement as a witness may be necessary, unless other substantial evidence is available.

**PROCEDURES**

Examples of gross misconduct are:

* Theft or inappropriate removal or possession of company property;
* Falsification of timekeeping record;
* Working under the influence of alcohol, recreational cannabis or illegal drugs;
* Possession, distribution, sale or transfer of alcohol, recreational cannabis or illegal drugs, while on duty or while operating employer-owned vehicle or equipment;
* Fighting or threatening violence in the workplace or worksites;
* Negligence or improper conduct leading to damage of employer-owned or customer-owned property;
* Violation of health & safety regulations;
* Sexual or unwelcome harassment;
* Possession of dangerous or unauthorized materials i.e. firearms, explosives, etc. in the workplace or on worksites;
* Unauthorized disclosure of business proprietary or confidential information.

1. An employee will report alleged improper activity to management. If it is suspected that the manager or supervisor is acting improperly, the employee will inform {indicate position or name of person};
2. Management will document, in detail, information about the alleged improper activity including names, dates, positions, locations, description of events that occurred, witnesses and the employee’s understanding of why the incident/activity may be a violation;
3. Employees will act in good faith and report concerns they feel are significant and true. Unfounded allegations that are proven to have been recklessly, maliciously or with foreknowledge that they are false will result in disciplinary action;
4. Retaliation against an employee reporting concerns, in good faith, is prohibited. The employee will not experience abuse, harassment, threats, discrimination or adverse employment consequences. Any person found guilty of retaliation will be subject to disciplinary action up to and including termination;
5. All allegations will be investigated and if proven true, the employee(s) involved in gross misconduct will be subject to disciplinary actions, termination of employment or legal actions.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.8 **RETIREMENT POLICY**

Retirement at age sixty-five (65) is generally considered normal business practice. {Company name} does not discriminate against employees due to age. Thus, {Company name} does not have a mandatory age limit for retirement.

**PROCEDURES**

* 1. Employees of {Company name} who reach the age of sixty-five (65) years of age are permitted to continue their employment with {Company name} provided:
* The employee desires to continue working for the company,
* Remains qualified and capable to complete the responsibilities within the employee’s job description;

1. Termination of employment may occur when the employee is not performing job responsibilities at a satisfactory level; and only after being given reasonable opportunities to improve performance. Under no circumstances can an employee be terminated because of age;
2. If termination is required, {Company name} will follow the ‘Disciplinary Procedure’ and ‘Termination Policy’ found in ‘Part III: Policies & Procedures for Management of Employees.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

2.9 **USE OF {COMPANY NAME} PROPERTY/EQUIPMENT POLICY**

{Company name} employees understand that all {Company name} physical property, equipment, vehicles and resources are the property of {Company name} and will be used only for {Company name} related business. Employees have an obligation to perform their duties in a competent and safe manner when using {Company name} property/equipment/vehicles.

**PROCEDURES**

1. **Company Property**
2. Under no circumstances will company property be removed from the company’s premises or designated storage areas without the permission of management;
3. An investigation will be conducted, by management, if it is alleged that an employee has removed company property without permission. If after the investigation, it is found that an employee has removed company property without permission, management will initiate the progressive disciplinary process;
4. It is deemed a cause for disciplinary action up to and including termination if an employee causes damage to company property, equipment or a vehicle in a deliberate manner due to negligence or recklessness.
5. **Tools and Supplies; Uniforms; and Personal Protective Equipment**
6. The {Company name} pays for tools, supplies, uniforms and personal protective equipment (PPE) used by employees on the job;
7. The resources purchased by {Company name} are company property;
8. Employees will properly maintain and safeguard assigned tools, supplies, uniforms and PPE;
9. If tools, equipment and PPE are lost, stolen or damaged through negligence, management will initiate the progressive disciplinary process;
10. If the employee leaves {Company name} for whatever reason, we expect tool(s) and supplies; uniforms; and PPE to be returned. If they are not returned, {Company name} may deduct their value from the employee’s last pay cheque.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

**PART III Policies & Procedures for Employee Management**

1. **Human Resources Policies & Procedures:**
   1. Recruitment & Selection
   2. Orientation
   3. Employee Development

3.4 Progressive Discipline & Termination

1. **Employment Policies & Procedures:**

3.5 Terms of Employment:

1. Employment Agreement
2. Hours of Work
3. Scheduling
4. Salary
5. Salary Increases

3.6 Paid & Unpaid Time Off:

1. Bereavement Leave
2. Crime-Related Child Death and Disappearance Leave
3. Critically Ill Leave
4. Death of Child Leave
5. Domestic or Sexual Violence Leave
6. Family Caregiver Leave
7. Family Medical Leave
8. Jury Duty
9. Maternity Leave
10. Organ Donor Leave
11. Parental Leave
12. Personal Leave Days
13. Statutory Holiday
14. Vacation

**PART III POLICIES & PROCEDURES FOR EMPLOYEE MANAGEMENT**

1. **Introduction**

{Company name} believes in providing its employees a rewarding employment opportunity; and to that end has implemented Human Resources policies and procedures which are applied in a consistent manner. Our goal is to attract, motivate and retain highly skilled individuals.

We promote an inclusive culture where:

* All staff receive fair and equitable treatment; and
* A working environment of mutual respect and understanding is promoted.

1. **Non-Discriminatory Human Resources Practices**

It is prohibited to discriminate related to:

● Age ● Ancestry, colour, race

● Citizenship ● Ethnic origin

● Place of origin ● Creed

● Disability ● Family status

● Marital status ● Gender identity, gender expression

● Sexual orientation ● Sex (including pregnancy and breastfeeding)

1. **Diversity in Hiring Practices to Manage Labour Shortages**

Many Landscape/Horticulture employers are dealing with significant labour shortages and will concur with the following results conducted by ‘BDC Study: Labour Shortages Here to Stay’:[[8]](#footnote-8)

* Labour shortages are holding businesses back. There is a direct link between shortage of workers and slower growth in company sales. Forty-three (43) percent of respondents said a shortage of workers limits growth;
* Because of labour shortages, fifty-six (56) percent of entrepreneurs said existing staff must work more. While forty-seven (47) percent of respondents said they have had to raise wages.

There are sectors within the labour market that are under-utilized because of myths about the costs and negative impacts to a business. The reality is loss of sales has as big an impact on a business as the cost of hiring and training workers from under-utilized labour sectors.

{Company name} will promote the following strategies to fill our labour shortage gaps:

* Hire less qualified and younger workers and provide training and increased supervision;
* Focus on candidate’s attitude and potential fit within the company’s culture instead of work experience; with the intent of filling gaps in experience with training;
* Target new immigrants and under-represented segments of the labour force including women, indigenous people, people with disabilities, retired workers, etc.

1. **HUMAN RESOURCES POLICIES & PROCEDURES**

3.1 **RECRUITMENT AND SELECTION POLICY**

{Company name} recruitment and selection practices comply with the Human Rights and Employment Standards Acts to ensure a fair and transparent process in hiring the most suitably qualified candidate for the position. {Company name} is an equal opportunity employer where employment decisions are based on job related criteria. We are committed to support non-discrimination in our recruiting and selection processes.

The procedures used in recruiting and selecting the most qualified candidate will be consistently used by all individuals who make hiring decisions for {Company name}. The policy applies to the hiring of full time, part-time, casual, seasonal and contract employees.

It is the responsibility of {Company name} management to maintain fair employment practices. Any violations of the Recruitment and Selection Policy must be reported immediately to the owner.

**PROCEDURES**

1. **Recruitment**
2. When a position becomes vacant, the position will be posted internally for ten (10) days before posting on external sources;
3. Internal candidates will be interviewed and only when a candidate does not meet the requirements of the job will external postings be placed;
4. The job posting will be placed on the {Company name} website and external job boards. A time deadline will be stated on the job posting when candidates can submit resumes;
5. When placing a job posting on public websites, it is required to include information about expected compensation or a range of expected compensation. ‘Compensation’ includes salary and benefits of a fixed or ascertainable amount. **{Note: enforced as of January 1, 2019}**
6. **Selection**
7. The resumes will be reviewed using the job description as a criteria for short listing candidates;
8. All candidates must fully complete an application form either in paper format or online (if applicable);
9. Candidates will submit driver abstract before an interview for positions requiring the operation of a vehicle/equipment;
10. First interviews, using a behavioural based interview process, will be conducted by Human Resources personnel (if applicable) or management. (Steps in Conducting an Interview found in Appendix VI);
11. Job candidates cannot be asked about their past compensation; **{Note: enforced as of January 1, 2019}**
12. A standardized interview evaluation form will be completed on each candidate to assess which candidates will be short listed. (Template found in Appendix VII);
13. Short listed candidates will be interviewed by the owner or department manager using a behavioural based interview process;
14. Two to three verbal reference checks will be completed on the finalist with work related references. (Template found in Appendix VIII);
15. A letter of offer will be given to the successful candidate; management and the candidate will sign acceptance of the terms of employment.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

3.2 **NEW EMPLOYEE ORIENTATION POLICY**

Employee orientation is conducted to give new employees information and training on {Company name} policies and procedures; company culture; and requirement of the job they will perform. The purpose of employee orientation is to enable new employees to become productive and build positive relationships with management and team members.

**PROCEDURES**

* 1. Before the Employee Starts: Once a start date is determined, a written communication i.e. email will be sent to all employees announcing the arrival of a new employee, the employee’s start date, the position, who the employee will report to and a request to make the new employee feel welcome. Management will call or email the employee to confirm who to report to, location to report to work and positively encourage the employee about their first day of work;
  2. First Day of Employment: a designated onboarder i.e. Human Resources Manager, management, senior staff, etc. will spend time with the new employee the first day. It is important that the onboarder’s day is cleared of responsibilities to give full attention to the new employee. If the new employee is brought into the office, the onboarder will introduce the new employee to staff in the office and an office tour is provided. The onboarder will review the following information with the new employee:
* *Orientation to the Company*: An overview of the history, mission statement, goals of the company, website, organization chart or overview of company structure would be reviewed,
* *Orientation to the Job*: review the job description, provide manuals for operating equipment and reinforce the safety and emergency procedures,
* *Work expectations*: review start and finish times, lunch and probationary period. If the direct supervisor or manager is doing the orientation, this would be the time to discuss work expectations;

1. First Week of Employment: management will coordinate on the job training with the employee. It is management’s responsibility to:

* Ensure the employee has the tools, (PPE), uniforms and supplies to be to perform the job;
* Discuss the probationary period and how performance will be assessed;
* Discuss lines of communication, decision making processes, lines of authority, etc.;

1. First Month of Employment: specific on the job training to assist the employee with areas of development should be organized. Management will give feedback on the employee’s performance at the end of the first month;
2. Ongoing Support: management will continue to monitor the employee’s performance and provide regular feedback and support the employee needs to perform the job satisfactorily.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

3.3 **EMPLOYEE DEVELOPMENT POLICY**

{Company name} places a high value on employee growth and development to give employees every opportunity to excel in their jobs. Success for both {Company name} and its employees is dependent on the employees’ commitment to fully utilize their potential and seek challenges to improve their skill set.

**PROCEDURES**

1. **Performance Review Process**

The purpose of the performance review process is to assess employees’ performance and set goals to achieve desired personal development.

1. Employees will have a performance review with management in {month or quarter} of each year;
2. Employees complete the self-assessment portion of their performance review form in preparation for the appraisal meeting;
3. Management completes the review form in full detail before the review meeting;
4. The performance review meeting is an uninterrupted time to discuss the employee’s performance and career development;
5. The performance review meeting focuses on achievement of goals in the past year; setting performance goals for the next year; and identifying a development plan for the next year;
6. Once agreement has been reached by management and the employee, the performance review form is signed;
7. The employee and management will develop a personal development plan identifying coaching, mentoring and training required for the next year. (Template found in Appendix IX);
8. A copy of the completed and signed performance review form is provided to the employee, management and Human Resources department (if applicable). A copy of the signed review is placed in the employee’s personnel file.
9. **Training and Development**
10. In certain cases, {Company name} will pay for or reimburse the registration or tuition fee for pre-authorized or approved seminars, workshops or courses conducted by recognized landscape and horticulture or related trades associations; and/or other relevant institutions i.e. apprenticeship, colleges, continuous education programs, etc.;
11. An employee will submit a request in writing, a minimum of four (4) weeks prior to the start of the course, to qualify for reimbursement;
12. Reimbursement will occur upon proven successful completion of the course;
13. Should the employee fail to attend a prepaid course without a justifiable reason, the cost may be deducted from the employee’s pay cheque(s);
14. A training log will be maintained in the employee’s personnel file detailing internal and external training courses completed.
15. **Succession Planning**
16. Succession planning is a process where the business plans for future replacements of senior or specialized positions when they become vacant. This is done by identifying high potential employees who exemplify superior performance in their current job and have the skills, abilities and desire to take on more senior responsibilities;
17. High potential employees are chosen based on an established criteria and each employee is assessed by the same criteria;
18. An employee may self-select or management may propose an employee for succession planning;
19. A career development plan (template found in Appendix IX) is created in collaboration with the high potential employee and management. The progress of the development plan is reviewed regularly by the employee and management. It is reviewed yearly by the management team.

***Employees who are identified as high potential employees are not guaranteed a more senior position. It represents the opportunity for an employee to prepare when a suitable position becomes available.***

Approved by: Position: {Owner/President} Date:

Revised: Revised:

3.4 **PROGRESSIVE DISCIPLINARY PROCEDURE AND TERMINATION POLICY**

{Company name} provides employees a fair and equitable opportunity to comply with company policies and encourages employees to exercise self-discipline at all times in their conduct and performance.

When work performance or conduct is unsatisfactory and/or a {Company name} policy is not observed, management will initiate, with the employee, the following progressive disciplinary procedure:

* One verbal warning,
* One written warning,
* Termination.

1. **PROGRESSIVE DISCIPLINARY PROCEDURES**
2. **Verbal Warning:**
3. A verbal warning is issued when attempts at coaching do not bring about the desired performance level;
4. Conditions for issuing a verbal warning include but are not limited to the following:

* Evidence of inappropriate activity,
* Unexcused or repeated absenteeism or lateness,
* Conduct that makes other employees reluctant or unable to work with the employee,
* Abusive language or behaviour,
* Unacceptable work habits, wilful neglect of duty or refusal to abide by the directives of management,
* Unsafe work habits;

1. Employees’ actions giving rise to the verbal warning are investigated and the relevant facts documented by management;
2. Management will initiate the interview with the employee, discuss the issues and solutions;
3. Management and the employee will develop a Corrective Action Plan, in writing, with defined time lines for the employee to meet specified performance standards (template found in Appendix X);
4. Management will sign Verbal/Written Warning Form. (Template found in Appendix XI);
5. A copy of the signed Corrective Action Plan and Verbal/Written Warning Form is given to the employee, management and the owner. The Corrective Action Plan is placed in the employee’s personnel file.
6. **Written Warning:**
7. Written warnings are for severe disciplinary actions and are usually issued after a verbal warning has failed to correct the performance issue;
8. Management will document all the pertinent facts related to the incident on the ‘Verbal/Written Warning Form’ including dates and place of incident(s);
9. Upon issuing a written warning, the Corrective Action Plan is reviewed and revised and then mutually accepted and signed by both parties;
10. A copy of the revised Corrective Action Plan is given to the employee, management and the owner. A copy is placed in the employee’s personnel file;
11. A follow up meeting is scheduled no later than thirty (30) days following the date from when the written warning and Corrective Action Plan were issued;
12. The employee is notified that if performance is not corrected, continued employment could be at risk.
13. **TERMINATION PROCEDURES**
14. When a decision has been made to terminate, the Ministry of Labour can provide guidance on how to conduct the termination process. For long term permanent employees it is recommended that a lawyer be consulted who specializes in employment law. A lawyer will provide advice on the appropriate notice and severance based on all the extenuating factors. Also the lawyer can draft a termination letter and a release form which is a legal document that releases {Company name} from any future requests from anyone associated with the terminated employee for compensation (if applicable);
15. If appropriate the following notice period or severance pay will be given in lieu of notice:

|  |  |
| --- | --- |
| **Length of Employment** | **Length of Notice/Pay in Lieu** |
| Three months or less | No written notice period |
| Three months but less than one year | One week’s written notice |
| One year but less than three years | Two weeks’ written notice |
| Three years | Three weeks’ written notice |
| Each consecutive year of service after three years | An additional week’s notice per year up to eight weeks |

1. Once all the documentation has been gather and a date of termination has been set, a private meeting room will be arranged for the termination meeting. If the employee is on a worksite, organize for the employee to come into the office;
2. It is recommended that the person who is doing the terminating has another manager/HR representative present. That individual cannot be a spouse/partner or family member of the employee who will be terminated;
3. The employee’s termination package is prepared for the meeting: letter of termination and a release form (if applicable);
4. It is important when holding the termination meeting to:
5. Inform the employee that the employee’s employment will be terminated as of {state the date};
6. Review the terms of the payment for outstanding salary, vacation time, etc.; the amount of the severance that will be provided; and benefits that will continue and for how long (if applicable);
7. State the date the employee must return the signed letter of termination and release form to receive severance payout (if applicable);
8. Inform the employee that all documents and electronic information belonging to the company must be given to management. Also, the employee must return picture identification, keys or pass, computer passwords, credit cards, equipment (i.e. computer, tools, phone, uniforms, personal protective devices, etc.) before leaving the building or as soon as possible;
9. Make arrangement for the employee to retrieve personal belongings;
10. Inform the employee that {name of person and department} can be contacted if the employee has any questions.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

1. **EMPLOYMENT POLICIES & PROCEDURES**

3.5 **TERMS OF EMPLOYMENT POLICY**

The objective of this policy is to ensure effective and consistent administration of terms and conditions of employment within {Company name}. Terms of employment are administered in an equitable, accurate, transparent and timely manner. This policy provides the framework for the employment agreement, hours of work and salary administration.

**PROCEDURES**

1. **Employment Agreement**
2. The employment agreement, in the form of a job offer letter or contract, is signed by {designate who signs letters of offer} and the new employee. The job offer letter or contract specifies the following information for a new employee:

* The date employment will commence;
* The title of the position;
* The salary or hourly rate;
* Hours of work;
* Probationary period;
* Performance review process;
* Conditions for termination of employment;
* Accommodation for disabilities if required;
* Confidentiality;
* Vacation;
* Benefits.

1. A job description and the {Company name} Employee Handbook will be given to the new employee upon signing the job offer letter.
2. **Hours of Work**
3. **Hourly Employees**
4. Standard Hours of Work: the standard hours of work are eight (8) hours per day or forty-eight (48) hours per week. {Link to reference standard hours of work: <https://www.labour.gov.on.ca/english/es/tools/hours/daily_weekly_hours.php>};

Hours may differ for employees who fall under ‘Landscape Gardener Exemption: Regulation 285/01 of the Employment Standards Act (ESA) 2000. For Landscape Gardeners the weekly hours of work are {state hours of work and the pay period}. (‘Defining Landscape Gardener’ can be found in Appendix XII);

1. Overtime:

Employees who are classed under the ‘Landscape Gardener Exemption’ are not entitled to overtime pay.

For employees who are not classed under the ‘Landscape Gardener Exemption’, all hours worked above forty-four (44) hours in a regularly scheduled pay period, will entitle the employee to one-and one-half times (1 ½) of their hourly rate.

Employees who hold more than one position with {Company name} and who work overtime must be paid at the rate for the position they worked at during the overtime period.

1. Breaks:

Employees must not work for more than five (5) hours in a row without getting a thirty (30) minute eating period (meal break) free from work. However, if based on the job requirements, {Company name} and the employee agree the eating period can be split into two eating periods within every five (5) consecutive hours. Together these must total at least thirty (30) minutes. This agreement can be oral or in writing;

1. Paid Time Off in Lieu of Overtime Pay:

Employee and {Company name} can agree electronically or in writing that the employee will receive paid time off work instead of overtime pay. This is sometimes called ‘banked’ time or ‘time off in lieu’.

If an employee agrees to bank overtime hours, the employee must be given one and a half (1 ½) hours of paid time off work for each hour of overtime worked.

Paid time off must be taken within three (3) months of the week in which the overtime was earned or, if the employee agrees electronically or in writing, it can be taken within twelve (12) months.

If an employee’s job ends before the employee has taken the paid time off, the employee must be paid for all unused banked time. This must be paid no later than seven (7) days after the date the employment ended or on what would be the employee’s next pay day.

1. **Salaried Employees**
2. Employees Working Standard Hours of Work: the standard hours of work are eight (8) hours per day or forty-eight (48) hours per week. Employees will receive a meal break of thirty minutes (30) after five (5) hours of work. {Company name} and the employee can agree that the meal break can be split into two eating periods within every five (5) consecutive hours. Together these meal breaks must total thirty (30) minutes;
3. Overtime: All hours worked above forty-four (44) hours in a regularly scheduled work week, will entitle the employee to one-and one-half times (1½) their regular rate of pay. Employees have the right to refuse overtime work if it is beyond the regularly scheduled hours for that particular day.

Managers and supervisors do not qualify for overtime if they have managerial or supervisory responsibilities. Even if they perform other kinds of tasks that are not managerial or supervisory, they do not get overtime pay if these tasks are performed only on an irregular or exceptional basis.

Employee and {Company name} can agree electronically or in writing that the employee will receive paid time off work instead of overtime pay. This is sometimes called ‘banked’ time or ‘time off in lieu’.

If an employee agrees to bank overtime hours, the employee must be given one and a half (1 ½) hours of paid time off work for each hour of overtime worked.

Paid time off must be taken within three (3) months of the week in which the overtime was earned or, if the employee agrees electronically or in writing, it can be taken within twelve (12) months.

If an employee’s job ends before the employee has taken the paid time off, the employee must be paid for all unused banked time. This must be paid no later than seven (7) days after the date the employment ended or on what would be the employee’s next pay day.

Employees who hold more than one position with {Company name} and who work overtime must be paid at the rate for the position they worked during the overtime period.

1. **Salary Administration**
2. Determining Salary/Hourly Rates:

* {Company name} has established salary/hourly rates based on:
* Assigned work classification;
* Years of service;
* Internal equity;
* Individual performance as assessed in annual performance review;
* Company performance.

1. Salary/Hourly Payment:

* Employees are paid on a {weekly, bi-weekly} basis and the net pay is deposited into the employees’ bank account {if applicable}. Net pay is determined by deducting income tax, EI and CPP from the gross pay (total hours worked x hourly rate). Salaries are administered by {title of position};

1. Salary Increases:

Salary increases occur at the beginning of each fiscal year which starts at the beginning of {month}. Each employee’s salary is assessed annually based on performance, experience in the position, level of knowledge, skills, potential for advancement, etc. Other factors that affect salary increase decisions are:

* The employee’s position within the job grade (level and relation to the salary maximum);
* The employee’s performance review for the year;
* Internal equity;
* Company performance.

1. Three-Hour Rule:

The Three-Hour Rule applies to all employees: full-time, part-time and seasonal.

If an employee who regularly works more than three (3) hours a day comes to work but works less than three (3) hours, despite being available to work longer, {Company name} shall pay the employee wages for three (3) hours equal to the greater of the following:

* 1. The sum of:
     + The amount the employee earned for the time worked, or,
     + Wages equal to the employee’s regular rate for the remainder of the time;
  2. Wages equal to the employee’s regular rate for three (3) hours.

Exemptions: {Company name} will not be required to pay for a cancelled shift in the following circumstances::

* Fire, lightning, power failure, storms or similar causes beyond their control, or
* The employee’s work is weather-dependent and {Company name} is unable to provide work for weather-related reasons.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

3.6 **PAID AND UNPAID TIME OFF POLICY**

{Company name} follows Employment Standards Act, 2000 and Ontario Ministry of Labour guidelines in determining paid and unpaid time off.

**PROCEDURES**

**\*A template for Time Off Request Form can be found in Appendix XIII**

1. **Bereavement Leave:**
2. When an employees has worked two (2) consecutive weeks with {Company name}, they are entitled to two (2) unpaid bereavement days each calendar year;
3. For the purpose of this policy, immediate family members refers to father, mother, brother, sister, spouse, same sex partner, child, parent-in-law, son/daughter-in-law, grandchildren, grandparents, sister/brother-in-law or any other relative by blood or marriage residing with the employee.
4. When an employee is bereaved management will be notified as soon as possible.
5. **Crime-Related Child Death and Disappearance Leave:**
6. Employees who have been employed for at least six (6) consecutive months will be entitled to one hundred and four (104) weeks of unpaid, job-protected leave if a child dies as a result of a crime;
7. Employees who have been employed for at least six (6) consecutive months are entitled to up to one hundred and four (104) weeks unpaid job-protected leave if a child has disappeared as a result of a crime;
8. A ‘child’ is defined as a “child, step-child, foster child or child who is under legal guardianship and who is under eighteen (18) years of age”[[9]](#footnote-9);
9. A crime is defined as an offence under the Criminal Code;
10. Request for leave must be given in writing;
11. The leave is generally required to be taken in a single period, subject to limited exceptions;
12. Employee will not be entitled to the leave if the employee is charged with the crime or the child is a part of the crime.
13. **Critically Ill Leave:**
14. Employees who have been employed for at least six (6) consecutive months will be entitled to take seventeen (17) weeks in a fifty-two (52) week period of unpaid, job-protected leave, to provide care for a critically ill adult who is a family member; and up to thirty-seven (37) weeks unpaid leave to care or support a critically ill child who is a family member;
15. The leave is not required to be taken in complete weeks;
16. The employee must provide a certificate issued by a qualified medical practitioner stating the adult or child are critically ill;
17. Request for the leave must be given in writing.
18. **Death of a Child Leave:**
19. Employees who have been employed for at least six (6) consecutive months are entitled to up to one hundred and four (104) weeks unpaid job-protected leave for the death of a child;
20. Request for the leave must be given in writing as soon as possible.
21. **Domestic or Sexual Violence Leave:**
22. Employees who have been employed for at least thirteen (13) consecutive weeks are entitled to domestic or sexual violence leave if the employee or employee’s child has experienced or been threatened with domestic or sexual violence. The leave can be taken for the following reasons:

* To seek medical attention for the employee or child of the employee because of a physical or psychological injury or disability caused by the domestic or sexual violence,
* To access services from a victim services organization for the employee or child of the employee,
* To have psychological or other professional counselling for the employee or child of the employee,
* To move temporarily or permanently,
* To seek legal or law enforcement assistance. This can also include time required to make a police report or preparation for presenting a case in family, civil or criminal court;

1. The employee is eligible to ten (10) days of leave every calendar year. The first five (5) days are paid leave and the last five days are unpaid leave. The ten days do not have to be taken consecutively and cannot be carried over into the next calendar year;
2. The employee can take the leave in full days, part days or in periods of more than one day. If the employee takes only a part of a day for the leave, {Company name} can count it as a full day of leave;
3. Employees are also entitled to take up to fifteen (15) weeks leave within a calendar year. The employee can take leave for periods less than a full week. If the employee does so it will be considered as using one of the fifteen (15) week entitlement;
4. {Company name} cannot fire or penalize an employee for taking, planning to take or eligible to take the domestic or sexual violence leave.
5. **Family Caregiver Leave:**
6. Employees will be entitled to take up to eight (8) weeks of unpaid, job-protected leave, in each calendar year, to provide care and support to a family member;
7. Employees are not required to take the leave in complete weeks;
8. ‘Family member’ is defined as:

* Employee’s spouse (including same sex partner),
* A parent, step-parent or foster parent of the employee or employee’s spouse,
* A child, step-child or foster child of the employee or the employee’s spouse,
* A grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee’s spouse,
* The spouse of a child of the employee,
* The employee’s brother or sister,
* A relative of the employee who is dependent on the employee for care or assistance,
* Any individual prescribed as a family member;

1. The employee must provide a certificate issued by a qualified medical practitioner stating the family member has a serious condition;
2. Request for the leave must be given in writing.
3. **Family Medical Leave:**
4. All employees, whether full-time, part-time, permanent or term contract are entitled to family medical leave;
5. There is no requirement that an employee be employed for a particular length of time, or that the employer employees a specific number of employees;

Employees are entitled up to twenty-eight (28) weeks of unpaid leave within a fifty-two (52) week period;

1. The leave can be taken to provide psychological or emotional support; arrange for care by a third-party provider; or directly provide or participate in the care of a family member;
2. Employees wishing to take a family leave must provide management with a written request to take the leave;
3. Family members do not have to live in Ontario in order for employees to be eligible for family medical leave;

\***Note:** for this leave family members include:

* Employee's spouse (including same-sex partner);
* Parent, step-parent or foster parent of the employee or the employee's spouse;
* Child, step-child or foster child of the employee or the employee's spouse;
* Brother, step-brother, sister, or step-sister of the employee;
* Grandparent or step-grandparent of the employee or of the employee's spouse;
* Grandchild or step-grandchild of the employee or of the employee's spouse;
* Brother-in-law, step-brother-in-law, sister-in-law or step-sister-in-law of the employee;
* Son-in-law or daughter-in-law of the employee or of the employee's spouse;
* Uncle or aunt of the employee or of the employee's spouse;
* Nephew or niece of the employee or of the employee's spouse;
* Spouse of the employee's grandchild, uncle, aunt, nephew or niece;
* Person who considers the employee to be like a family member.

1. **Jury Duty**
2. An employee may be called on for jury duty that falls during working hours. {Company name} will grant {state paid or unpaid} leave to attend to jury duties;
3. If the court dismisses the jury early, the employee is expected to return to work as soon as possible to complete the regular work shift.
4. **Maternity Leave**
5. After having completed thirteen (13) weeks of consecutive employment, an employee who takes maternity leave will receive a maximum of sixty-one (61) weeks of unpaid leave in a seventy-eight (78) week period;
6. A special term of leave for unexpected illness related to the pregnancy may be taken before the expected date of birth but it is still counted toward the general entitlement to maternity leave;
7. The employee must give two weeks’ written notice identifying the date the leave will begin;
8. The same leave term applies when an employee is adopting a child. Documentation must be provided confirming the adoption and date of arrival of the child;
9. Employees have the right to continue to participate in certain benefit plans; and continue to earn credit of length of employment, length of service, and seniority;
10. Upon returning to work, the employee is to return to same position and salary. If the same position no longer exists, the employee will be placed in a comparable position in terms of responsibility and salary;
11. During the full period of leave, vacation leave shall continue to accumulate. Because there is no break in the employment relationship during a period of maternity leave, the time on leave counts toward the completion of a vacation entitlement for that year;
12. Employees completing at least thirteen (13) weeks of continuous employment and who have suffered a miscarriage or stillbirth, are entitled to twelve (12) weeks of unpaid leave after the miscarriage or stillbirth even if they had already used their entire original leave entitlement.
13. **Organ Donor Leave**
14. An employee is entitled to organ donor leave whether the employee is a full-time, part-time or contract employee;
15. The employee must be employed for at least thirteen (13) weeks to qualify for the leave. The employee may take unpaid leave for up to thirteen (13) weeks;
16. The leave can be extended to a maximum total time of twenty-six (26) weeks if a legally qualified medical practitioner issues a certificate stating that the employee is not ready to return to work and perform the required job duties;
17. The employee must provide {Company name} with at least two week’s written notice before both beginning the leave, if possible;
18. A medical certificate confirming that the employee has undergone or will undergo surgery to donate an organ is required from a legally qualified medical practitioner.
19. **Parental Leave**
20. After completing thirteen (13) weeks of continuous employment, birth mothers who did not take maternity leave and all other new parents are eligible for up to sixty-three (63) weeks unpaid leave for purposes of child care;
21. Either the mother or father is entitled to the leave;
22. The employee must give two weeks’ written notice identifying the date the leave will begin;
23. The same leave term applies when an employee is adopting a child. Documentation must be provided confirming the adoption and date of arrival of the child;
24. Employees have the right to continue to participate in certain benefit plans; and continue to earn credit of length of employment, length of service and seniority;
25. Upon returning to work, the employee is to return to same position and salary. If the same position no longer exists, the employee will be placed in a comparable position in terms of responsibility and salary;
26. During the full period of leave, vacation leave shall continue to accumulate. Because there is no break in the employment relationship during a period of parental leave, the time on leave counts toward the completion of a vacation entitlement for that year.

1. **Personal Leave**
2. Employees will receive annual unpaid personal leave days if employed for two (2) consecutive weeks with {Company name};
3. An employee can take up to three (3) unpaid days for personal illness, injury or medical emergency; two (2) unpaid days for bereavement and three (3) unpaid days for family responsibilities in a calendar year;
4. For the purpose of this policy, immediate family members refers to father, mother, brother, sister, spouse, same sex partner, child, parent-in-law, son/daughter-in-law, grandchildren, grandparents, sister/brother-in-law or any other relative by blood or marriage residing with the employee;
5. If the employee takes part of day for leave, it is deemed as a whole working day;
6. If an employee has an employment contract that offers paid or unpaid leave time off; when the employee takes a leave day as per the contract, it is also deemed to be ‘personal leave day’ as per Bill 47;
7. {Company name} can request an employee taking leave days to provide evidence reasonable for the circumstances that the leave is entitled. This can include a medical note from a qualified practitioner.
8. Employees must advice management of intent to take leave days. If the employee must begin the leave before advising management, the employee shall advise management as soon as possible.
9. **Statutory Holidays**

**Non-Landscape Gardener Positions:**

Qualified employees can be full-time, part-time, permanent or on term contract. It does not matter how recently they were hired, or how many days they worked before the public holiday.

Employees qualify for the public holiday entitlement unless they:

1. fail without reasonable cause to work all of their last regularly scheduled day of work before the public holiday or all of their first regularly scheduled day of work after the public holiday (this is called the “Last and First Rule”);  
   or
2. Fail without reasonable cause to work their entire shift on the public holiday if they agreed to or were required to work that day.

**Note:** Non-Landscape Gardener employees who fail to qualify for the public holiday entitlement are still entitled to be paid premium pay for every hour they work on the holiday.

The statutory holidays are:

* New Year’s Day *January 1st*
* Family Day *3rd Monday in February*
* Good Friday *Friday prior to Easter Sunday*
* Victoria Day *Last Monday on/before May 24th*
* Canada Day *July 1st*
* Labour Day *1st Monday of September*
* Thanksgiving Day *2nd Monday of October*
* Christmas Day *December 25th*
* Boxing Day *December 26th*

If the holiday falls on a Saturday or Sunday, either the Friday before or Monday after is observed as the holiday.

**Landscape Gardener Positions:**

According to the ‘Landscape Gardener’s Exception’, employers are exempt from paying overtime pay on statutory holiday for employees who work as Landscape Gardeners. The exemption would apply to employees engaged in:

* Landscape maintenance,
* Planting or moving hedges, trees or shrubs,
* Preparing the ground for planting,
* Caring for established lawns,
* Trimming, pruning and maintaining hedges, trees and shrubs,
* Installing rock gardens, ponds and planters
* Park gardening,
* Golf course greens-keeping,
* Installation and maintenance of irrigation systems.

Please see: <http://www.horttrades.com/defining-landscape-gardener> for further information.

1. **Vacation**
2. Anew employee can not take holidays in the first six (6) months of employment, unless a special arrangement has been established in the employment agreement, to accrue vacation days. Vacation time is accrued (earned) on a monthly basis and is taken only after it is earned;
3. Vacation pay is calculated at 4% of the employee’s regular pay;
4. An employee is entitled to two (2) weeks’ vacation within one (1) calendar year (January to December). Due to high volume in business, employees are encouraged not to request holidays between {include start month to end month};
5. An employee cannot carry over vacation days to the next calendar year;
6. An employee must submit a request in writing to management a minimum of a month prior to the request for vacation leave. Vacation requests are granted on a first come first serve basis;
7. At five (5) plus years, employees of {Company name} will be eligible for an additional third week paid vacation in each calendar year.

Approved by: Position: {Owner/President} Date:

Revised: Revised:

**APPENDICES**

**Appendix I Template: Individualized Emergency Response Form for an**

**Employee with a Disability[[10]](#footnote-10)**

**\*All information in this document is confidential and will be shared with others as specified and only with the employee’s consent.**

**Employee Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workplace Location:**

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Off-site Locations:**

If the employee works at regular off-site locations, list the names of the locations and addresses below:

If the employee works at different off-site locations daily, list the supervisor contact information:

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Alerts**

{Name of employee} will be informed of an emergency situation by:

* Existing alarm system
* Pager device
* Visual alarm system
* Co-worker
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistance Methods:**

List types of assistance (i.e. staff assistance or transfer assistance, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Required:**

List any devices required, where they are stored and how to use them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evacuation Route and Procedure:**

Provide a step-by-step description, beginning from the first sign of an emergency for the evacuation route.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Evacuation Route:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Support Staff:**

The following people have been designated to help {name of employee} in an emergency.

|  |  |  |
| --- | --- | --- |
| **Name** | **Location and/or contact information** | **Type of assistance** |
|  |  |  |
|  |  |  |

**Consent to Share Emergency Response Information:**

I, {name of employee}, give consent to {Company name} to share this individualized workplace emergency response information with the individuals listed above, who have been designated to help me in an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s name Employee’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed by {Manager/Supervisor’s name} Next review date

**Appendix II Template: Accommodation Plan for an Employee with a Disability[[11]](#footnote-11)**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Limitations** | **Job-related tasks/activities affected by limitations** | **Is this an essential job requirement?** |
|  |  |  |
|  |  |  |
|  |  |  |

Sources of expert input into accommodation plan (i.e. Human Resources Manager, family doctor, specialists, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation measures to be implemented from {*start date} to {end date}:*

If no end date is expected, the next review of this accommodation plan will occur on {review date}. (It is recommended that the accommodation measure(s) be reviewed annually at a minimum or as status changes).

**Description of Accommodation Measure(s):**

|  |  |  |
| --- | --- | --- |
| **List job requirements and related tasks that require accommodation** | **What are the objectives of the accommodation (i.e. what must the accommodation do in order to be successful?)** | **What accommodation strategies or tools have been selected to facilitate this task/activity?** |
|  |  |  |
|  |  |  |

**Roles and Responsibilities:**

|  |  |  |
| --- | --- | --- |
| **Outstanding actions to implement accommodation** | **Assigned to** | **Due date** |
|  |  |  |
|  |  |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix III Template: Return to Work Plan for an Employee with a Disability[[12]](#footnote-12)**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual salary/hourly rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal of Return to Work Process:

* Pre-injury job
* Modified pre-injury job
* Alternate Job

(Please attach job description)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Functional limitations** | **Work days per week** | **Work hours per week** | **Job tasks** | **Accommodation** | **Safety considerations** |
| Week 1  (dates) |  |  |  |  |  |  |
| Week 2  (dates) |  |  |  |  |  |  |
| Week 3  (dates) |  |  |  |  |  |  |
| Week 4  (dates) |  |  |  |  |  |  |

Does the Return to Work Plan involve a temporary assignment to a different position?

* Yes (Please answer the questions below)
* No

What is the new position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What training is required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What safety precautions are being taken during training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Manager/Supervisor Signature Date

**Appendix IV Template: Workplace Violence Incident Report**

|  |
| --- |
| **Report Date:** |
| **Incident Date:** |
| **Incident Time:** |

**Section 1: Identification of Complainant**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Last Name: | Company Name: | Position: |
| Date of Hire: | Supervisor: | Status:  Manager □  Employee □ External □ | Comments: |

**Section 2: General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Address of Incident: | Specific Location: | Witnesses:  Yes □  No □ | Witness(es) Name and Phone #: |
| Date and Time of Incident: | | Date and Time Incident was Reported to Company: | |

**Section 3: Offender(s)**

|  |
| --- |
| Offender:  Name:  Address: |
| Specify relationship between employee and offender (if any): |
| Apparent motive: |

**Section 4: Specific Details of the Incident**

|  |
| --- |
| Type of Incident (physical attack/ injury, verbal abuse, verbal threat, written threat, damage to property, other): |
| What job task was being performed when the incident occurred? |
| Provide a detailed description of the incident including number of people involved, what led up to the incident and what the outcome of the incident was (fatal injury, medical assistance required, time lost, legal action initiated, police called, etc.). |

**Section 5: Corrective Action**

|  |  |
| --- | --- |
| Investigation completed by (name of person): | Position and Title: |
| What was the outcome of the incident? | |
| What type of corrective action was taken? | |
| Signature of Investigator: Date: | |

**Appendix V Template: Investigating Workplace/Sexual Harassment Form[[13]](#footnote-13)**

Name of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Background Information:**
2. Name of person reporting workplace or sexual harassment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If not the same person as above, name of person who allegedly experienced workplace or sexual harassment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of complaint/concern raised and how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Position/Department of person who allegedly experienced workplace or sexual harassment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Position/Department of alleged harasser(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no longer working for {Company name} provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Investigation Plan: (the information in this section will be used as a template to compile information for the Investigation Plan)**
2. Investigator to obtain as much detail as possible about the workplace or sexual harassment incident(s) including names of parties involved; any witnesses to the incident(s); location, date and time of incident(s); details about the incident(s) i.e. behaviour and/or words used; any additional detail;
3. Investigator to interview the employee who allegedly experienced workplace or sexual harassment and the alleged harasser - if the employee is still employed with {Company name}. If the alleged harasser is not an employee of {Company name}, the investigator shall make reasonable efforts to interview the individual;
4. Make a list of possible witnesses. The employee who allegedly experienced workplace or sexual harassment and the alleged harasser should be asked for names of any relevant witnesses;
5. Interview relevant witnesses. Ask specific questions about what they observed, are aware of or have personally experienced. If the witnesses are not employees of {Company name}, the investigator shall make reasonable efforts to interview those witnesses;
6. Collect and review relevant documents from the employee, alleged harasser, witnesses and owner.
7. **Investigation Results**: (attach more pages if necessary)

The investigator’s summary report should set out who was interviewed, what evidence was obtained and an analysis of the evidence to determine whether workplace or sexual harassment occurred.

Summary of Key Evidence:

Recommended Next Steps:

Report Provided To:

Date:

**Appendix VI Steps in Conducting an Interview**

1. Be prepared:

* Organize a quiet area (doesn’t have to be an office) i.e. Tim Horton’s, onsite, in truck, etc. where there will be no interruptions - turn cell phones off;
* Review and bring with you a copy of the candidate's resume/application form;
* Develop a list of questions to ask;
* Bring paper and a pen to take notes. It is appropriate and necessary to take notes during the interview. Notes are critical for later review and comparison.

1. Listen 80% of the time; Talk 20% of the time!
2. Welcome the Candidate:

Thank the candidate for coming to the interview. Begin the interview with subjects that are familiar to the candidate, such as current events, their work experiences, etc. This gets the candidate talking and helps the person relax. It is important to create a non-threatening climate by keeping the environment relaxed and friendly. This encourages open discussion.

1. Explain the interview process:

Start the interview by explaining what will occur during the interview. If there is any testing involved take the time to give an overview of the testing and why it is relevant to the job.

1. Take notes:

It’s important to take notes as the candidate is responding to interview questions for future reference. Inform the candidate you will be taking notes during the interview. Write short phrases as the candidate is answering the questions instead of waiting till the interview has ended. **Ensure that there are no comments in your notes that contravene the protected areas within the Human Rights Code or are subjective, impressions or opinions.** The notes should reflect only what the candidate said.

1. Develop/ask effective questions:

Your questions should be based on assessing culture and job competency fit. Develop a standard list of questions to ask all candidates. You may modify each interview by using appropriate follow-up questions depending on candidates’ responses.

Ensure that you use behavioural-based or situational-based questions as part of your interviewing process. A behavioural-based question often starts with – “Give me a specific example….…, "Describe a situation where….”, or “Tell me about a time when…” For a situational based question, the interviewer gives the candidate a scenario to describe how the candidate would handle the situation. The following websites give examples of behavioural and situational questions:

<http://www.quintcareers.com/sample_behavioral.html>

<http://www.quintcareers.com/interview_question_database>

<http://www.interviewquestions.in/landscape-technician-interview-questions.html>

<http://www.interviewquestions.in/gardener-interview-questions.html>

1. Allow the candidate to ask questions:

Allow the candidate an opportunity to ask questions about the job and company. Pay close attention to what the candidate asks. These questions will highlight the issues that are important to that person and could flag a potential challenge. Be sure you understand and probe the candidate’s motivation in asking their questions.

1. ***Evaluating Candidates after the Interview***

Use an Interview Assessment Form to help you to evaluate the candidates. Each person involved in the interview should complete their own copy of the Interview Assessment Form immediately after the interview while thoughts and impressions are still fresh. This will help to objectively evaluate the candidate and to compare candidates at a later discussion. It is very important to ensure you have clear documentation of how the candidate matches (or doesn’t match) with the job.

**Appendix VII Template: Interview Evaluation Form**

Interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rating Scale: 1 2 3 4**

**Excellent Good Adequate Unacceptable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualifications** | **1** | **2** | **3** | **4** |
| **Education & Training**: matching the requirements within the job description |  |  |  |  |
| **Work experience**: relevant work experience in the landscape/horticultural industry |  |  |  |  |
| **Technical Requirements**: possesses the knowledge  and technical expertise to perform the job functions |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills & Abilities** | **1** | **2** | **3** | **4** |
| **Oral Communication:** demonstrates the ability to effectively communicate information |  |  |  |  |
| **Problem Solving/Analytical Abilities:** demonstrates ability to organize and articulate thoughts, information and ideas during the interview; demonstrates problem solving abilities |  |  |  |  |
| **Interpersonal:** demonstrates ability to work effectively with others, resolve conflict issues, maintain a good working relationship with peers and managers |  |  |  |  |
| **Motivation/Achievement Oriented:** articulates future goals, aspiration for success, drive and energy |  |  |  |  |
| **Ability to Learn:** demonstrates interest in learning new technical information and developing new skills; willingness to take ownership for personal development |  |  |  |  |
| **Manage Multiple Priorities:** demonstrates an ability to work under pressure; deal with stress; achieve deadlines; produce results |  |  |  |  |
| **Hardworking:** demonstrates the ability to go above and beyond the call of duty; willingness to take on extra responsibility; deal with difficult weather conditions |  |  |  |  |
| **Team oriented:** effective team player; able to work with others to achieve a common goal |  |  |  |  |

**Interview Evaluation Form (Cont’d)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research** | **1** | **2** | **3** | **4** |
| **Knowledge of company:** able to articulate mission of company, services provided and customer related goals |  |  |  |  |
| **Knowledge of industry:** solid understanding of the Landscape Horticultural Industry |  |  |  |  |
| **Commitment:** demonstrates commitment to contributing to sustainable environmental practices |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overall** | **1** | **2** | **3** | **4** |
| **Overall evaluation:** rate the candidate’s suitability for the job and fitting the organizational culture |  |  |  |  |

**Additional Comments:**

**Appendix VIII Template: Reference Check Form**

DATE:

CANDIDATE’S NAME:

COMPANY CONTACTED: NAME OF CONTACT:

TELEPHONE: EMAIL:

**Script:**  I have received written permission from {candidate’s name} to contact you and conduct a reference check. The information you will share will be held in the strictest of confidence. All the questions are related to {candidate’s name} qualifications to perform the job that was applied for with our company.

1. Did {candidate‘s name} directly report to you? If so, what was the time frame and length of time {applicant’s name} reported to you (or) how do you know {candidate’s name}?
2. What were {candidate’s name} main responsibilities?
3. The position the {candidate’s name} is being considered for is {position name}. The main responsibilities of the position are {give an overview of key responsibilities}. Why do you believe {candidate’s name} would be successful in this role?
4. How did {candidate’s name} performance compare to other employees with similar job duties?
5. What would you consider to be {candidate’s name} key skills and personality strengths?
6. Can you give a couple of examples of how {candidate’s name} manages crisis, pressure or stress?
7. In your opinion what motivates {candidate’s name}?
8. What three words would you use to describe {candidate’s name}?
9. What do you consider {candidate’s name} greatest contribution to your company while employed with you?
10. Could you please rate the following with 1 being excellent, 2 being good, 3 being fair, 4 being poor and 5 being unacceptable:
    * Attendance -
    * Dependability -
    * Ability to assume responsibility -
    * Overall attitude -
11. Would you rehire {candidate’s name}?

**Appendix IX Template: Career Development Plan**

Name:

Current Position:

Date:

Employee Signature: Supervisor/Manager Signature:

**Career Goal:**

**Areas of Strengths: (Education, Experience, Knowledge, Skills):**

**Areas of Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Development Goals** | **Action Steps** | **Date of Completion** | **Obstacles & Solutions** | **Evaluation** |
| **Goal 1:** |  |  |  |  |
| **Goal 2:** |  |  |  |  |
| **Goal 3:** |  |  |  |  |

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**Appendix X Template: Corrective Action Plan Template**

**Corrective Action Plan Form**

**Employee:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one of the following:**

Exploratory Interview Verbal Warning Written Warning Suspension

Date of Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident(s)/Breach of Policy:**

|  |
| --- |
| **{**Describe the incident(s)/breach of policy}  {State requirements/standards not met}  {State the date(s) of incident(s)/breach of policy}  {State the results of requirements/standards not met}  {State how the incident/breach of policy was identified}  {State areas of good performance on the part of the employee (if applicable)}  {State that this is a serious matter and offer assistance to help the employee improve performance. However, the employee must realize that failure to improve performance or behaviour will move this issue to the next step, which is \_\_\_\_\_\_\_\_\_\_\_, of the disciplinary process} |

**Corrective Action Plan (Cont’d)**

|  |
| --- |
| {Describe specific steps to improve performance or compliance to policy}  Step 1:  Step 2:  Step 3:  Step 4: |
| Roles & Responsibilities: {State specifically the employee’s responsibility and the supervisor’s responsibility within the Correction Action Plan}  Employee:  Supervisor: |
| Date(s) of Follow-up: {Put in check-in date(s) to ensure employee is achieving goals or to provide coaching, positive feedback or assistance} |

Employee’s Comments:

Supervisor’s Comments:

**Acknowledgement:**

I, {employee’s name} accept responsibility for {state the incident/breach of policy/suspension} and agree and will follow through on the Corrective Action Plan. I acknowledge that if my performance does not improve, I am aware that this issue could move to the next step of the disciplinary process {state the next step}.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor Date

**Appendix XI Template: Disciplinary Warning Letter**

To:{Employee Name}

{Position}

From:{Supervisor Name}

{Position}

Date:

Re:{Level of Discipline}

This letter serves as an official written warning for { }. During our meeting on {date} we discussed aspects of your performance/conduct that is unacceptable and does not adhere to {Company name} policy and procedure on { }.

Please find attached the Corrective Action Plan we developed during our meeting which outlines the incidents of infractions and the actions you have agreed to take to correct the situation. The goal is to assist you to improve your performance and to comply with company policy.

It is important that you understand that this is a serious matter and the failure to improve your performance will necessitate moving this matter to the next stage of the disciplinary process, which is {state the next steps}.

A copy of this letter will be placed in your personnel file. Please sign below to acknowledge that you have received a copy.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX XII Defining Landscape Gardener**

<http://www.horttrades.com/defining-landscape-gardener>  
  
Landscape Gardener Exemption   
  
Following a recent meeting with officials from Landscape Ontario and the Ministry of Labour, regarding the interpretation of certain exemptions within the Employment Standards Act, 2000, a fact sheet was developed by the Employment Standards Program to provide clarity to LO members on how exemptions are interpreted for the purpose of determining compliance.

The document will serve as the basis of the ministry’s operational policy and be shared with field staff to ensure consistency in the interpretation and enforcement of the legislation.

Some of the highlights include a brief history of the act, what defines and does not define a landscape gardener, as well as issues of overtime and holidays.

The definition of the exemption follows. It is also included under Resources on this web page. 

Landscape Gardener Exemption   
  
•Regulation 285/01 of the Employment Standards Act, 2000 (ESA) provides that “a person employed as a landscape gardener” is not covered by certain parts of the Act:   
  
o     Portions of Part VII – hours of work (sections 17 – limit on hours of work and 19 – exceptional circumstances, paragraph 4 (2)(a));   
o     Part VIII – overtime pay (clause 8 (d)(i)); and   
o     Part X – public holiday pay (clause 9(1)(c)(i)).   
  
•Prior to 2000, the corresponding exemption under the regulations of the former Employment Standards Act referred to “a person employed in landscape gardening”.   
  
•The 2001 change in wording from “a person employed in landscape gardening” to “a person employed as a landscape gardener” was not intended to narrow the scope of the provision. In fact, the Ministry’s policy regarding the application of the landscape gardening exemption has remained consistent despite the change in wording.   
  
•The Program’s view is that a person employed as a landscape gardener is engaged in work that directly involves the modification or maintenance of land for a purpose that is substantially aesthetic. Generally, the exemption would apply to employees engaged in:   
  
o     Landscape maintenance   
o     Planting or moving hedges, trees or shrubs   
o     Preparing the ground for planting   
o     Caring for established lawns   
o     Trimming, pruning and maintaining hedges, trees, and shrubs   
o     Installing rock gardens, ponds, and planters   
o     Park gardening   
o     Golf course greens-keeping

o     Installation and maintenance of irrigation systems

•The Program considers employees engaged in the following activities to fall outside the definition of “a person employed as a landscape gardener”:   
  
o     Persons employed by a landscaping company that do not perform landscaping work (administrative employees, landscape architects/designers, and truck drivers)   
o     Builders of retaining walls for purely structural purposes   
o     Installers of sprinkler systems   
o     Persons involved in weed spraying of roads and industrial sites

Majoritarian Test   
  
Employees in many landscaping businesses multi-task; performing a variety of duties, some of which fall within the exemption for “a person employed as a landscape gardener” and some that do not.   
  
For the purposes of determining whether the exemption to overtime applies, s. 22(9) of the Act provides that an employee who performs work subject to the 44-hour overtime threshold as well as work exempt from the overtime provisions will be entitled to overtime after working 44 hours in a week, unless the employee spends the majority of his or her time in that week engaged in activities that are exempt from overtime.   
  
With respect to the exemption from public holiday entitlements, s. 25(2) of the Act provides that unless the majority of time spent in any week in which a public holiday falls is work that is exempt under the regulations, the public holiday provisions will apply. Consequently, the exemption from the public holiday provisions in the Act will apply only if an employee spends the majority of his or her time engaged in work that is exempt from the public holidays in any week in which a public holiday falls.   
  
For example:   
  
•John spends 75% of his work week caring for established lawns while the other 25% of his time is spent installing sprinkler systems. The overtime exemption would apply to John because he spent more than 50% of his time in that work week doing “landscape gardener” work.   
  
•During a work week in which a public holiday falls, John spends 75% of his time caring for established lawns while the other 25% of his time is spent installing sprinkler systems. The public holiday pay exemption would apply to John because he spent more than 50% of his time in that work week doing “landscape gardener” work.   
  
Unlike the Overtime and Public Holiday provisions of the Act, the ESA does not specify the period of time to be considered when determining whether the Hours of Work provisions (daily, weekly maximums) apply to employees who do both landscape gardening work and “non” landscape gardening work. Officers will therefore consider whether the core or essential nature of the employee’s work is landscape gardening. This may involve application of the Majoritarian Test; however the period under consideration would generally be considered to be the full period of employment with the employer, provided there has not been a permanent change in the core or essential nature of the employee’s job. For example, if an employee has been engaged in a mix of landscape gardening and “non” landscape gardening activities over the five-year course of his or her employment, consideration would be given to where the employee spent the majority of his or her time over those five years.

As indicated above, the Program recognizes that the core or essential nature of an employee’s job may change. In such cases, work performed prior to a permanent change in the nature of the employee’s job will not be relevant when making a determination as to whether the employee is currently “a person employed as a landscape gardener” or not. For example, if an employee spent five years employed in the office of a landscaping company performing administrative duties and subsequently accepted a permanent position with that company planting trees and hedges in residential gardens, he or she would be considered to be “a person employed as a landscape gardener” immediately upon commencing his or her new position because there was a permanent change to the core nature of his or her job. As a result, the hours of work exemptions would apply immediately.

**Appendix XIII: Template: Time Off Form**

**{Company Name} Time Off Request Form**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Off Requested:

(Check one) Vacation Personal Day Bereavement

Other (give reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Practitioner’s Note is attached (if applicable)

Dates Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision Regarding Request Approved Denied

Decision Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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