**EMPLOYMENT PRACTICES BEST PRACTICES CHECKLIST**

Name of Municipality or Authority: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION ONE:**

* Adopt and distribute to managerial/supervisory employees the Personnel Policies and Procedures Manual:

Required Policies to be included in Manual:

Anti-Discrimination Policy

Americans with Disabilities Act Policy

Contagious or Life Threatening Illnesses Policy

Safety Policy

Alcohol and Drug-Free Workplace

Workplace Violence Policy

General Anti-Harassment Policy

Anti-Sexual Harassment Policy

Whistle Blower Policy

Employee Complaint Policy

Confidentiality of Personnel Files

Political Activity Policy

Performance Evaluation Policy

Discipline and Termination Policy

Use of Employer Vehicles Policy

[Computer Use, Electronic Mail, and Internet Policy](#_Toc27408872)

Family and Medical Leave Act Policy

Military Leave Policy

Domestic Abuse Leave Policy

Employee Handbook Procedure

Employee Complaint Investigation Procedure

Employment Reference

**SECTION TWO:**

* Distribute a notice concerning the Conscientious Employee Protection Act to all personnel
* Adopt and distribute the Employee Handbook:
* Adopt the model civil rights resolution (municipalities only).
* Train managerial and supervisory personnel:
* Have Police Chief, Deputy Chief, Public Safety Director, Captains & Lieutenants complete the special EPL training course (municipalities only)
* Offer Anti-Harassment training to all other personnel:
* Review NJ MEL Helpline for Employment Practices.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the (check \_\_General Counsel or \_\_Employment Attorney) of (member name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby certify that the member has verified to me that the above actions have been completed and that I have read the Personnel Policies and Procedures Manual and the Employee Handbook.

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

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

**To qualify for the Employment Practices Liability standard policy deductible, this checklist should be returned to the MEL Fund Office (9 Campus Drive, Suite 216, Parsippany, NJ 07054 or** [**scantwell@permainc.com**](mailto:scantwell@permainc.com) **as** **soon as possible. Members submitting this form by June 1, 2021 will qualify or continue to qualify for the deductible. Members submitting this form after the deadline will become eligible for the deductible incentive upon approval of the application, but not retroactively.**