**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:

1. Equal Employment Opportunity Policy
2. Americans with Disabilities Act Policy
3. Contagious or Life Threatening Illnesses Policy
4. Safety Policy
5. Alcohol and Drug-Free Workplace
6. Workplace Violence Policy
7. Policy Against Harassment
8. Whistle Blower Policy
9. Overtime
10. Confidentiality of Personnel Files
11. Political Activity Policy
12. Performance Evaluation Policy
13. Discipline and Termination Policy
14. Use of Employer Vehicles Policy (Non-Law Enforcement)
15. [Computer Use, Electronic Mail, and Internet Policy](#_Toc27408872)
16. Family and Medical Leave Act Policy
17. New Jersey Family Leave
18. Military Leave Policy
19. Domestic Violence Abuse Leave Policy
20. Employment Reference
21. Protection and Safe Treatment of Minors

**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** **jainet@permainc.com** **as** **soon as possible. Members submitting this form by November 1, 2025 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.**