



# Jobs. Allen County

## Employer Guidelines (Use if no employer handbook)

Employer \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Starting wage \_\_\_\_\_

Scheduled hours of operation from \_\_\_\_\_ to \_\_\_\_\_

Total weekly Hours for this position \_\_\_\_\_

Company Policy Guidelines and Disciplinary procedures with regards to:

Tardiness

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Absenteeism

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Conduct

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Breaks

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Job Performance

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List in detail the procedures for any benefits available to the employee:

Pay Increases

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Sick Leave

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Allen County

**Vacation and Personal days**

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**Retirement Plan**

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**Is Unemployment Insurance Carried on the employee**    YES    NO

**Is Insurance Available to the employee (circle all that apply)**

Life      Medical/Health      Dental      Disability      Vision

**Please list any other Benefits available to the employee**

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**Signature of Employer or Employers Representative**

**Date**

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**ACDJFS Representative** **Date**

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**I have read and understand the Company's Policy Guidelines and Disciplinary Procedures**

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**Employees Signature**

**Date**

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**ACDJFS Representative**

**Date**



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