

9/15/2018



SPHM  
HOSPITALITY

CLUB FORMS — PERSONNEL



By: | Agustinus Agus Purwanto, SE MM



Series 100

# Club Forms - Personnel

Use of illegal drugs and the abuse of alcohol and legal drugs are among the greatest problems facing society today. The nation-wide impact of drug and alcohol use and abuse in the workplace is estimated to exceed \$ 30 billion annually. This staggering amount only measures lost productivity and quality; it does not put a dollar value on personal pain and suffering. Use of illegal drugs and abuse of alcohol or legal drugs have an adverse effect on job performance, create dangerous situations, and serve to undermine our clients' and the community's confidence in us. The club is concerned about the well-being of our employees, our most valuable asset. We are equally concerned that our hard-earned reputation and positive image not be compromised in any way.

## DEFINITIONS

Alcohol	Beer, wine, liquor, or any other beverage or substance containing at least one-half of one percent (0.5%) alcohol by volume.
Drug	Any substance capable of altering a person's mood, perception, pain level, or judgment, including inhalants.
Legal drug	Any prescription drug or over-the-counter drug.
Illegal drug	Any drug or controlled substance, the manufacture, distribution, purchase, sale, possession, or use of which is unlawful under any federal, state, or local law, regulation, or ordinance. Illegal drugs include, but are not limited to, any legal drug which has been obtained illegally, for which a valid prescription is required and lacking, or which is being used in violation of the terms of a valid prescription.
Impairment	Being unable, as a result of alcohol or a drug, to perform work in a safe and effective manner or being in a physical or mental condition that creates a risk to the health, safety or well-being of any person or of damage to any property.
Reasonable Cause	A belief that a person is or has been using, misusing, or abusing alcohol, legal or illegal drugs, where the belief is based on the appearance, behavior, speech, odor or other observation or characteristic of the person suspected, including, but not limited to: observing any conduct that violates this policy; observing the physical symptoms of being under the influence of alcohol or drugs, such as slurred speech, unsteady gait or alcohol odor; abnormal conduct or erratic behavior; arrest or conviction for a drug-related offense; or safety accidents, incidents where safety precautions were violated, or any other situation or circumstance where reasonable care was lacking.

## 1. ALCOHOL &amp; DRUG POLICY

The club does not tolerate or condone the use of illegal drugs or the abuse of alcohol or legal drugs on the part of our employees, nor will it tolerate or condone any employee behavior on or off the job that adversely affects job performance, threatens health or safety in the workplace, or damages the club's reputation and professional standing. As a result, the following actions or events constitute a violation of the club's Alcohol and Drug Policy:

The manufacture, distribution, purchase, sale, negotiation for purchase or sale, possession or use of any illegal drug at any time or place, whether on or off duty, whether on or off the property of the club, is prohibited and will result in discipline up to and including discharge.

Any use, misuse, or abuse of alcohol or any legal drug at any time or place that results in impairment while on duty, or otherwise has or may have an adverse effect on job performance, as determined by the club in its discretion, is prohibited and will result in discipline up to and including immediate discharge.

Any use of a legal drug that results or may result in impairment or otherwise has or may have an adverse effect on job performance must be reported by the employee to his or her supervisor. Appropriate temporary changes in job responsibilities may be necessary in this situation.

The use or possession of alcohol while on duty or on the property the club is prohibited and will result in discipline up to and including discharge.

The use, possession or serving of alcohol at any activity or event sponsored in whole or in part by the club, or that takes place on club property, must be approved in writing in advance by the club.

## 2. COVERED EMPLOYEES

All current and prospective employees of the club are subject to screening under this Alcohol and Drug Policy.

## 3. TESTING CIRCUMSTANCES

The club reserves the right to enforce this policy by appropriate testing, which may occur at the request of the club General Manager under any of the following circumstances:

### Pre-Employment and Pre-Transfer Testing

Employment offers to external applicants are conditional on the applicant's ability to pass an alcohol and drug test. Failure to pass the test or any tampering with the test or test results will result in ineligibility for employment and termination of the conditional employment offer. The recipient of a conditional employment offer will be required to sign an Alcohol and Drug Testing Authorization Form, SPHM Form 101, prior to testing.

Offers to existing employees to transfer to another position within the club may be made conditional on the ability to pass an alcohol and drug test in the same manner as external applicants for employment. The applicant for transfer will be required to sign the Alcohol and Drug Testing Authorization Form, SPHM Form 101, prior to testing.

### Reasonable Cause Testing

If the club determines that reasonable cause exists with respect to an employee, the employee may be required to submit to an alcohol and drug test. The employee will be required to sign the Alcohol and Drug Testing Authorization Form, SPHM Form 101, prior to testing.

### Accident and Injury Testing

If an employee is involved in an accident or is injured while on duty or on club property, or if the accident or injury is otherwise determined by the club to be work- or workplace-related, the employee may be required to submit to an alcohol and drug test.

### Random Testing

If, at the sole discretion of the club, it is deemed advisable to determine that employees are free of alcohol and illegal drugs, random alcohol and drug testing may be conducted. Such testing may be required of any randomly-selected individual or group of employees, up to and including all of the employees assigned to a particular function or facility. Testing may also be performed during medically-related events, such as periodic medical examinations. The employee will be required to sign the Alcohol and Drug Testing Authorization Form, SPHM Form 101, prior to testing.

The club may use any lawful method of investigation or testing deemed necessary to determine whether a violation of this policy has occurred.

## 4. SUBSTANCES FOR WHICH TESTING MAY BE DONE

The club may conduct screening tests for alcohol and legal or illegal drugs as defined above.

## 5. TESTING PROCEDURES

The club makes use of urinalysis testing for the presence of drugs and breathalyzer testing for the presence of alcohol during accident investigations. All alcohol and drug testing will be carried out, and all samples or specimens will be analyzed, in accordance with applicable law. The club will use reasonable efforts to carry out all aspects of alcohol and drug testing with discretion and with appropriate regard for the privacy of persons involved.

If testing yields an initial positive result, the specimen will be re-tested. An employee who tests positive for alcohol or illegal drugs may be suspended with or without pay until the results of the re-test are obtained. An employee with initial positive test results will be taken off suspension and reinstated with all pay due if it is determined that the initial test results were inaccurate and the employee did not otherwise violate this policy.

## 6. ADVERSE CONSEQUENCES OF REFUSAL TO TEST

Any employee or prospective employee who refuses to submit to testing under this policy is subject to discipline up to and including discharge, or, in the case of applicants, the termination of any conditional offer of employment and of any further consideration for employment:

**7. ADVERSE PERSONNEL ACTIONS**

The following conduct is also considered in violation of this policy and will result in discipline up to and including discharge, or, in the case of applicants, the termination of any conditional offer of employment and of any further consideration for employment:

failing to cooperate with or consent to any alcohol or drug test, program or search consistent with this policy;  
switching, adulterating or in any other way altering or changing or attempting to alter or change, any alcohol or drug test, test sample or specimen, or test results;  
testing positive for the presence of alcohol or an illegal drug; or  
being convicted of a SPHMinal violation relating to the use of alcohol or drugs.

**8. RIGHT TO WRITTEN TEST RESULTS**

Employees have the right, upon request, to receive a written copy of test results.

**9. RIGHT TO CONFIDENTIAL EXPLANATION**

Employees who have a confirmed positive test will be afforded an opportunity, upon request, to explain in a confidential setting any reasonable alternative medical explanation for the results.

**10. CONFIDENTIALITY OF TEST RESULTS**

Results of drug and alcohol tests are for the specific use of the club under the provisions of this policy and are considered confidential. Disclosure of results is limited to:

the tested employee or prospective employee or such persons designated in writing by them,  
individuals designated by the employer to receive and evaluate the test results or hear explanations given by the employee or prospective employee, and  
management or supervisory employees of the club who have a need to know in reaching their employment or disciplinary decisions.

**SEARCHES**

If the club determines, in the reasonable exercise of its discretion, that it is necessary or advisable to conduct a search for alcohol, illegal drugs, or drug paraphernalia, an employee may be requested to allow a designee of the club to conduct a search of the employee's packages, lockers or other belongings. The search will be performed in the employee's presence by a designated representative of the club and any witnesses approved by the club. The search will be conducted with such privacy and confidentiality as is reasonable under the circumstances.

**DISCLAIMERS**

The club reserves the right, in its sole discretion, to amend, modify or cancel this policy at any time for any reason. No officer, employee or agent of the club has any authority to change or waive this policy or any term, condition or provision of this policy, and no statement or representation to the contrary will be effective, nor may any such statement or representation be relied on by any employee or other person.  
Nothing in this policy shall be construed to change employment-at-will relationships. This policy is not in any way to be construed as a contract between the club and any employee, applicant for employment or any other person.

By signing the space provided below I acknowledge that I have received, read and understand the club's Alcohol and Drug Policy. I further understand and acknowledge that if I have any questions regarding this policy that I will seek clarification from my supervisor or Personnel Administrator.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**FOR PROSPECTIVE EMPLOYEES ONLY**

I have received a copy of the club's Alcohol and Drug Policy, which I have read and understood. I understand that I am required to submit a sample of my urine and/or blood for chemical analysis. I understand that this analysis will be conducted by a qualified testing laboratory in accordance with applicable law.

The purpose of the testing is to determine the absence or presence of alcohol or illegal drugs, as those terms are defined in the policy. I understand that offers of employment are strictly conditional, and contingent upon my successful completion of the testing. I understand that if I do not agree to the testing, I will be considered as voluntarily withdrawing my employment application, and will not receive further consideration for employment. I also understand that if I fail to report for my test at the appointed time and place, I may be disqualified from further employment consideration.

I voluntarily consent to the club's request for urine and/or blood specimens. I agree to cooperate, and authorize that the tests results be reported to the club. I release and hold harmless the club, its officers, employees, and agents from all claims that may result from my consent to testing in accordance with the club's Alcohol and Drug Policy.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Print Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CURRENT EMPLOYEES ONLY**

I have received a copy of the club's Alcohol and Drug Policy, which I have read and understood. I understand that according to the policy I may be required from time to time to submit a sample of my urine and/or blood for chemical analysis. I understand that this analysis will be conducted by a qualified testing laboratory in accordance with applicable law.

The purpose of the testing is to determine the absence or presence of alcohol or illegal drugs, as those terms are defined in the policy. I understand that my continued employment may be contingent upon the successful completion of the testing. I understand that employees who decline to report for testing, when required to do so, will receive disciplinary action, up to and including discharge.

I hereby consent to and agree to cooperate with the club's efforts to carry out its Alcohol and Drug Policy, and authorize that the test results be reported to the club. I release and hold harmless the club, its officers, employees, and agents from all claims that may result from my consent to testing in accordance with the club's Alcohol and Drug Policy.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Print Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SPHM Golf & Country Club

## Mileage & Expense Reimbursement

Name:
Department: <span style="float: right;">Date:</span>

### Mileage

Date	Location From	Destination To	Round Trip?	Mileage	Purpose of Trip
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
Total Mileage					X per mile reimbursement of _____ \$

### Other Expenses

Date	Amount	Vendor	G/L Account	Description
Total		\$ _____		

\$ _____	A: Total Expense
\$ _____	B: Amount of Advance
\$ _____	Reimbursement - If A Exceeds B
\$ _____	Return – If B Exceeds A

<u>Expense Advance Request:</u> Amount \$ _____	
Reason: _____	
Employee Signature: _____	Date: _____
Approval Signature: _____	Date: _____

# SPHM Golf & Country Club

## Record of Employee Counseling

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

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

☐ Counseling      ☐ Disciplinary Action      **FOR:**    ☐ Conduct      ☐ Work Performance

Date/Time of specific actions or omissions listed below:

Subject (discuss specific actions or omissions in detail):

(Continue on blank sheet, if necessary)

Employee's Comments:

(Continue on blank sheet, if necessary)

Proscribed Corrective Actions:

(Continue on blank sheet, if necessary)

Time Allowed for Corrective Action(s):

☐ Written Notice      ☐ First Written Warning      ☐ Final Written Warning  
☐ Further disciplinary action, including discharge will be taken if corrections are not made within time allowed.

Employee's Signature

Date

Supervisor's Signature

Date

Distribution:    Original to personnel file  
                      Copy to supervisor's file  
                      Copy to employee

Management Review

Date



# SPHM Golf & Country Club

## Personnel Data Sheet (PDS)

☐ **New Hire**   ☐ **Rehire**   ☐ **Transfer**

Today's Date:

Name:		SSN#:	DOB:	Start Date:
Job Title:		Employment Status:		
Interviewed/Hired By:		<input type="checkbox"/> FT, not less than 35 hrs/wk, more than 11 mos.		
Main Department:		<input type="checkbox"/> PT, less than 35 hrs/wk, more than 11 mos.		
Other Departments:		<input type="checkbox"/> Seasonal, less than 11 months, regardless of # of hrs/wk.		
Immediate Supervisor:		Expected Hours per Week:		
Supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually		
Replaces:   Position #:		Exempt from Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address:		Emergency Contact Name:		
		Contact Phone Number:		
		Employee Phone Number:		

### Termination

Name:		Effective Date:	
Final Time Card Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued		
Uniform Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued	Paid "X" Account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued		
Tools Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued	Name Tag Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued		
Keys Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued	Parking/Security Pass Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued		
Petty Cash Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued	Time Badge Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Issued		
Type of Termination: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Quit	Exit Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Abandonment	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Changes

Type of Change:   ☐ Address   ☐ Department   ☐ Benefits   ☐ Pay Rate   ☐ Other

Name:		Effective Date:	
Immediate Supervisor:	Job Title:	Psn #:	
Departmental Changes:			
Pay Rate Change To:		<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	Hrs per Wk:		
Leave of Absence Length:	Eff. Date:	Return Date:	
Supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Exempt from OT?   Yes   No		

For Personnel Administrator Use Only	Date:	Department Head Signature:	Date:
		Personnel Admin Signature:	Date:
		GM Approval:	Date:

## SPHM Golf &amp; Country Club

## Club Orientation Checklist

Name:	Date of Hire:
Department:	Date of Orientation:
Position:	

Check Off	Item
	General Manager's Welcome. Date:
	Issued Employee Handbook.
	Issued and discussed Standards of Service.
	Discussed Mission & Standards of Service.
	Department Head's Name.
	Explained Employment Status, i.e. FT, PT or Seasonal.
	Explained that official personnel file is maintained in Personnel Administrator's Office.
	Explained introductory period and review.
	Explained Work Week, Pay Cycle and Pay Days
	Explained overtime.
	Explained benefit eligibility: Full Time Only
	• Health/Dental benefits
	• Time off benefits: Holidays, Vacations, and Sick/Emergency Days
	401k Plan for employees who have 1 year of service and who work at least 1,000 hours annually.
	Discussed accidents and emergencies.
	Discussed employee parking.
	Discussed lockers.
	Discussed Alcohol & Drug Policy and Smoking/Chewing Policy.
	Discussed removing items from premises.
	Discussed Discrimination, Harassment & Sexual Harassment.
	Departmental Problems/Complaints/Requests. See Supervisor or Department Head.
	Problems/Questions about benefits or Personnel related issues. See Personnel Administrator.
	Tour of Property & Introduction to Key Staff.

Personnel Administrator's Signature:	Date:
--------------------------------------	-------

## SPHM Golf &amp; Country Club

## Departmental Orientation Checklist

Name:	Date of Hire:
Department:	Date of Orientation:
Position:	

Check Off	Item
	Supervisor's and Department Head's name:
	Discussed introductory period and review.
	Issued and discussed job description.
	Explained departmental daily hours.
	Explained work schedule, when prepared, when and where posted.
	Explained Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal
	Discussed importance of timely attendance and notification if calling off from work.
	Issued time badge. Discussed time clock terminal. Showed how to use time badge.
	Explained work week, pay cycle, and pay days.
	Discussed rate of pay and overtime.
	Explained holidays and holiday pay.
	Explained vacations, scheduling vacations, and vacation pay.
	Explained personal time off without pay.
	Explained sick/emergency days and discussed misuse of such days.
	Discussed accidents and emergencies.
	Explained meal policy in detail.
	Explained departmental breaks and break areas.
	Explained departmental meetings.
	Discussed removing items from premises.
	Discussed uniform, nametags, appearance and grooming.
	Discussed visitors and personal phone calls while working.
	Explained employee parking locations.
	Discussed Disciplinary System.
	Informed to bring problems, complaints, requests, suggestions to supervisor.
	Departmental introductions.
	Departmental tour.
Dept Head's Signature: _____ Date: _____	

<b>SPHM Golf &amp; Country Club</b>		<b>Personal Relationship Acknowledgement</b>	
Name: <span style="border: 1px solid black; display: inline-block; width: 350px; height: 25px; vertical-align: middle;"></span>		Department: <span style="border: 1px solid black; display: inline-block; width: 350px; height: 25px; vertical-align: middle;"></span>	
<p>Club policy requires that employees conduct themselves in a professional manner while working or on club premises. Public displays of affection between two employees are inappropriate in the workplace and are prohibited.</p> <p>I understand that I am required to display professional conduct at work at all times, and that public displays of affection are inappropriate during working hours or while on club premises. I acknowledge receipt today of a copy of the club's Sexual Harassment policy and agree that:</p> <ol style="list-style-type: none"> <li>1. I am not to engage in any behavior prohibited by the policy, and</li> <li>2. If I experience any behavior prohibited by the policy, I should immediately report it in accordance with the procedures set out in this policy.</li> </ol>			
Employee's Signature		Supervisor's Signature	
Date		Date	

SPHM Form 107

Effective: 10/10/18

<b>SPHM Golf &amp; Country Club</b>		<b>Personal Relationship Acknowledgement</b>	
Name: <span style="border: 1px solid black; display: inline-block; width: 350px; height: 25px; vertical-align: middle;"></span>		Department: <span style="border: 1px solid black; display: inline-block; width: 350px; height: 25px; vertical-align: middle;"></span>	
<p>Club policy requires that employees conduct themselves in a professional manner while working or on club premises. Public displays of affection between two employees are inappropriate in the workplace and are prohibited.</p> <p>I understand that I am required to display professional conduct at work at all times, and that public displays of affection are inappropriate during working hours or while on club premises. I acknowledge receipt today of a copy of the club's Sexual Harassment policy and agree that:</p> <ol style="list-style-type: none"> <li>1. I am not to engage in any behavior prohibited by the policy, and</li> <li>2. If I experience any behavior prohibited by the policy, I should immediately report it in accordance with the procedures set out in this policy.</li> </ol>			
Employee's Signature		Supervisor's Signature	
Date		Date	

SPHM Form 107

Effective: 10/10/18

# SPHM Golf & Country Club

## Candidate Reference Check

Applicant Name: _____	Psn Applied/Considered For: _____
Department: _____	Supervisor: _____
Psn Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	

Name/Company of Reference: _____	<input type="checkbox"/> By Phone <input type="checkbox"/> By Letter
Position Held: _____	Dates of Employment: _____
Final Pay Rate: _____	Would Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments: _____	
(Continue on blank sheet, if necessary)	

Name/Company of Reference: _____	<input type="checkbox"/> By Phone <input type="checkbox"/> By Letter
Position Held: _____	Dates of Employment: _____
Final Pay Rate: _____	Would Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments: _____	
(Continue on blank sheet, if necessary)	

Name/Company of Reference: _____	<input type="checkbox"/> By Phone <input type="checkbox"/> By Letter
Position Held: _____	Dates of Employment: _____
Final Pay Rate: _____	Would Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments: _____	
(Continue on blank sheet, if necessary)	

Supervisor's Signature	Date

# SPHM Golf & Country Club

## Authorization to Make Deductions

I understand that the club may withhold amounts from my paycheck if required by law or authorized by a court. I also understand and agree that the club may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the club's group medical/dental plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the club;
3. If I should receive an overpayment of wages for any reason, repayment of such overpayments to the club;
4. The cost to the club of personal long-distance phone calls I may make on club phones or on club accounts, or of non-work-related access to the Internet or other computer networks by me using club equipment or accounts;
5. The cost of repairing or replacing any club supplies, materials, equipment, uniforms, money (including amounts charged on club credit cards) or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the club during my employment (Note: my authorization only applies if I am personally responsible for such misappropriation. Furthermore, only if the misappropriation is of money or by unauthorized use of a club credit card may the deduction take my pay below minimum wage);
6. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws; and
7. If I take paid vacation or sick leave or other paid time off in advance of the date I would normally be entitled to it and I separate from the club before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
8. Should I be authorized to establish an account at the club to charge goods and services for personal use, that any unpaid balances at the time of my separation may be deducted from any compensation owed me.

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Personnel Action Summary

Department:

This form is to be used to record all major personnel actions to include new hires and rehires, pay changes, leaves of absence, suspensions, terminations, promotions, transfers, department changes, etc. This form is to be kept up to date and will be displayed on the right side of the personnel jacket on top of all Personnel Data Sheets.

[illegible]

## SPHM Golf &amp; Country Club

## Member/Guest Accident Report

Victim Name:	Date of Report:
Age:	Member #:
Date of Accident:	Time of Accident:

Description of Accident. What was victim doing?

Witnesses – Names & Phone Numbers/What they saw or heard and when?

Nature of injuries – what part of the victim's body was injured?	
Did victim report the accident immediately?	If not, why not?
Did victim go to a hospital/clinic for treatment?	What Doctor?
Was the victim admitted to the hospital?	Which hospital?
After investigating this accident, what caused it?	
What should be done, and by whom, to prevent this accident from occurring in the future?	
Who will be responsible to see that necessary actions are taken?	
What is the deadline for completing corrective action?	

Supervisor's Signature:	Date:
Safety Director's Signature:	Date:



## SPHM Golf &amp; Country Club

## Bi-Weekly Time Sheet

Pay Period From	To:
Employee Name:	Department:

Lunch						TOTAL					
Wk 1	Date	IN	OUT	IN	OUT	Regular	OT	Hol	Vac	Sick	Oth
FRI											
SAT											
SUN											
MON											
TUE											
WED											
THU											
			TotalWeek11								

Lunch						TOTAL					
Wk 2	Date	IN	IN	OUT	OUT	Regular	OT	Hol	Vac	Sick	Oth
FRI											
SAT											
SUN											
MON											
TUE											
WED											
THU											
			TotalWeek21								
			PERIOD TOTAL								

Employee's Signature:	Date:
Manager's Signature:	Date:
Comments:	

# SPHM Golf & Country Club

## Employee Training File

Name:		Department(s):	
	Date	Name of Class or Block of Instruction	Instructor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

# SPHM Golf & Country Club

## Non-Exempt Employee Performance Review

Club: \_\_\_\_\_

Employee Information:						
Name:		Review Type: <i>(circle one)</i>		Introductory	Annual	Discretionary
Job Title:		Employee Status: <i>(circle one)</i>		Full Time	Part Time	Seasonal
Department:		Supervisor:				
Review Period From:		To:	Date:			

Ratings					
	1 = Unsatisfactory	2 = Below Standard	3 = Meets Expectations	4 = Exceeds Expectations	N/A = Not Applicable
Job Performance					
1. Understands and completes all assigned duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of work (consider accuracy, thoroughness, timeliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quantity of work, productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Abides by standards, policies, and procedures for position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Makes sound decisions relating to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Completes assignments cheerfully and promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Works well without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is employee a team player, assisting others when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communication skills with supervisor and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Engagement with members (outgoing, friendly, courteous, helpful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Makes good decisions independent of supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Takes ownership, accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leadership ability, others look up to as a leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Takes care of club property and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has an "eye for the business," attention to details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Initiative					
17. Is proactive and self-motivated, performs tasks without being told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Anticipates members' needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Offers ideas for improvement, searches for ways to better the club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

# SPHM Golf & Country Club

## Non-Exempt Employee Performance Review

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

Ratings	1 = Unsatisfactory	2 = Below Standard	3 = Meets Expectations	4 = Exceeds Expectations	N/A = Not Applicable
<b>Attitude and Temperament</b>					
20. Pride in self (carriage, walks with purpose, good eye contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Pride in workplace, picks up and cleans as goes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Respect for and courteous to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Enthusiasm about job, the club, and providing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Displays a positive, contagious attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Acts professionally, displays good manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Handles stress well, is calm "under fire"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Appearance</b>					
27. Neat, clean appearance (hair, hands, nails, oral hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Professional appearance in dress or uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Wears nametag as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Displays good posture and is aware of poor body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Attendance</b>					
31. Comes to work as scheduled (consider all absences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Follows proper call in procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Flexibility and availability for schedule changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>General</b>					
34. Appreciation and understanding of the Club's culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Keeps management informed of issues, problems, emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Keeps promises, honor commitments, is dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

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

Overall Rating: \_\_\_\_\_

*Total Score divided by number of items rated (not including N/A's)*

Evaluation

PERFORMANCE SUMMARY:

GOALS:  
*(as agreed upon by employee and supervisor)*

Support

Do you feel you are provided all the necessary tools, training, resources, and support to do your job properly, yes or no? If no, what could be improved?

Verification of Review

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

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

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Department(s):
Job Title:	Supervisor:
Development Period: From:	To:
The Employee Development Plan is used to communicate the necessary steps to improve unsatisfactory performance. The plan provides a clear statement of the problem, the steps necessary for improvement, and a time frame to demonstrate the improvements. Lastly, it establishes the frequency of and dates of intermediate reviews to determine progress toward the overall improvement.	
1. Statement of Problem:	
Specifics Steps to Improve:	
Time frame to demonstrate improvement:	
2. Statement of Problem:	
Specifics Steps to Improve:	
Time frame to demonstrate improvement:	
3. Statement of Problem:	
Specifics Steps to Improve:	
Time frame to demonstrate improvement:	
Frequency of intermediate reviews:	
Dates of reviews:	
Supervisor's Signature:	Date:
Employee acknowledges that he/she has received this development plan, understands it, and is prepared to work towards making the improvements noted.	
Employee's Signature:	Date:

## SPHM

# Employee Separation Document

Employee Name:		Today's Date:	
Department:		Effective Date of Separation:	
Job Title:		Position # (if FT or PT):	
Reason for Separation: <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff/Reduction of Hrs <input type="checkbox"/> Abandonment <input type="checkbox"/> Retired			
Explain:			
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain:			
If the Separation was a Voluntary Quit or Abandonment:			
1. Was notice of the quit given? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how far in advance of the quit?			
2. What reason was given for the quit?			
3. Would a leave of absence have been available for health, domestic problems, other emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Was the quit in anticipation of future discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, describe circumstances:			
5. Was the quit in anticipation of other employment      Yes      No      If yes, describe other employment:			
If the Separation was a Discharge:			
1. What was the final incident which caused discharge? Attach Record of Disciplinary Action.			
2. Was a warning issued prior to the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No      For same offense which caused discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How recently?		Attach Record of Disciplinary Action describing warning incident.	
3. Were there witnesses to the final incident? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, who?			
4. Was there a violation of a known Club policy? <u>Yes</u> <u>No</u> If yes, describe policy:			
5. What reason(s) were given for the discharge?			
Supervisor's Signature:		Date:	
Personnel Administrator's Signature:		Date:	
GM's Signature:		Date:	

Employee Name:	Today's Date:
Department:	

**ACKNOWLEDGEMENT**

Upon receipt of your Employee Handbook, please read the following, sign and date in the indicated spaces below and return this page to your supervisor or personnel administrator.

I have received the Employee Handbook and understand the importance of the information it contains.

I acknowledge that it is my responsibility to read and understand the information and policies contained in this handbook.

I also understand that if I have any questions regarding material in this handbook, I should seek clarification from my supervisor.

I have read, reviewed and understand the club's Policy on Harassment. I further acknowledge that it is my responsibility if I feel I have been subjected to verbal, physical, or sexual harassment to immediately notify my supervisor, or alternatively, to notify the General Manager to allow an investigation to proceed. I understand that my legal rights depend on my promptly notifying my supervisor or club manager of any type of harassment, and to fully cooperate in any investigation.

I have read and understand the club's Alcohol and Drug Policy, and that in addition to this acknowledgement, I will be asked to sign an additional document entitled "Alcohol & Drug Testing Authorization." I understand and agree that violation of the Alcohol and Drug Policy may result in testing and that any future employment may be contingent upon successful completion of any alcohol and /or blood tests.

I have read and understand the club's Electronic Communication System Policy, and understand I have no expectation of privacy regarding any information on the club's phone, radio or computer systems.

**DISCLAIMERS**

I understand that the information provided me in this handbook should not be considered, and does not imply in any way, an employment contract between myself and the club.

**I FURTHER UNDERSTAND THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE CLUB AND ME IS "AT WILL" AND MAY BE TERMINATED BY MYSELF OR THE CLUB AT ANY TIME AND FOR ANY REASON.**

I understand that no one, excepting the President of the club, can enter into any employment agreement with an employee.

I understand that the information contained in the Employee Handbook is subject to change at any time, unilaterally by the club at its sole discretion.

(After completing this form and signing below, return it to your supervisor.)

Employee's Signature:	Date:
-----------------------	-------



Name:	SSN:
Department:	Date of Hire:

Init. **Must be completed before employee begins work:**

	Completed Personnel Data Sheet (PDS), SPHM Form 104, signed by department head and GM.
	Set up appointment for physical/drug screening. Provide patient info form. Date/Time:
	Completed application, signed on back.
	Work permit, if under 18 years of age.
	Given a copy of job description.
	Background check faxed. Date:
	Everify checked. Date:
	Completed I-9 Form, along with appropriate documentation of identity and employment eligibility.
	Signed attachments:
	Alcohol and Drug Policy Acknowledgement, SPHM Form 100.
	Alcohol and Drug Testing Authorization, SPHM Form 101.
	Staff Handbook Acknowledgement and Disclaimer, SPHM Form
	118. Authorization to Make Deductions, SPHM Form 109.
	Employee Confidentiality Agreement, SPHM Form 142.
	Copy of offer letter to employee and copy to file.

**To be completed before employee is set up on payroll:**

	Completed tax forms.
	W-4, Federal
	State-4
	Direct deposit form, if applicable.
	Approved Applicant Reference Check, SPHM Form 108, signed off by department head.
	Medical clearance form. If verbally cleared, ensure paper backup is obtained.
	Required screenings completed successfully.
	Forward completed file to Accounting.
	Assigned timekeeping badge.
	Nametag issued.

**Accounting Checklist**

	Set up new employee on time clock (need SSN/Department(s)/Home Department).
	Set up new employee on payroll.
	Forward completed file to Personnel Administrator.

Comments:

SPHM		Vacation Request	
		Date of Request:	
Name:		Department:	
Beginning Date:			
Ending Date:			
Number of Days Requested:			
Number of Days Accrued:			
Remarks:			
Employee Signature	Date	Supervisor Signature	Date

CRI Form 120 Effective: 6/26/08

Club Resources International		Vacation Request	
		Date of Request:	
Name:		Department:	
Beginning Date:			
Ending Date:			
Number of Days Requested:			
Number of Days Accrued:			
Remarks:			
Employee Signature	Date	Supervisor Signature	Date

SPHM Form 120 Effective: 10/10/18

# SPHM Golf & Country Club

## Absentee Record

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

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

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

Supervisor: \_\_\_\_\_

☐ Holiday

☐ Vacation

☐ Sick

☐ Unscheduled

☐ No Call-off

Date/Time of absence:

Comment:

SPHM Form 121

Supervisor's Signature

Date

Effective: 10/10/18

# SPHM Golf & Country Club

## Absentee Record

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

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

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

Supervisor: \_\_\_\_\_

☐ Holiday

☐ Vacation

☐ Sick

☐ Unscheduled

☐ No Call-off

Date/Time of absence:

Comment:

SPHM Form 121

Supervisor's Signature

Date

Effective: 10/10/18

Class Name:	Date:	Time:
Instructor:	Topic:	

	Attendee Names	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		

## SPHM

## Lost and Found Log

Item #	Date Found	Item Description	Found By	Found Where	Tagged By	Logged By	Date Claimed	Claimed By	Claimant's Signature
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

## SPHM Golf &amp; Country Club

## Employee Accident Report

**Employee Information**

Employee's Name:		Employee's SSN#	
Employee's Address:		Phone #:	
City:	State:	Zip Code:	County:
Job Title:	Facility:	Dept:	
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Supervisor:	
Hire Date:	Normal Days Off (e.g. Friday, Saturday):		
Normal Work Hours:	Normal Time Workday Begins:		

**Employee Report of Accident, Injury or Illness**

Please print. Fill in all the blanks. If a blank does not pertain to your accident, injury or illness, write "N/A" in that blank. When completed, return this form to your supervisor.		
Date of Accident:	Time of Accident:	Location of Accident:
Describe how the accident happened:		
What caused the accident?		
Task being performed:		
What could have prevented the accident?		
Witness names & phone numbers:		
Describe your injuries:		
Date/Time you first sought medical attention:		
Name of physician:	OR Name of hospital:	
Were you using required safety equipment?		
Do you have a job at another company?		
The information I have provided, either in my own writing or verbally, for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this accident and/or a claim resulting from this accident may result in termination of my employment.		
Employee's Signature:		Date:
Supervisor's Signature:		Date:

# SPHM Golf & Country Club

## Supervisor's Report of Accident

Supervisor's Name:	Facility:	Dept:
<p><b><u>Basic Rules for Accident Investigation</u></b></p> <p>Find the cause to prevent future accidents. Use an unbiased approach during the investigation.</p> <p>Interview witnesses &amp; injured employee(s) at the scene; conduct a walk-through of the accident. Conduct interviews in private; interview one witness at a time.</p> <p>Get signed statements from all involved.</p> <p>Take photos or make a sketch of the accident scene.</p> <p>What hazards are present? What unsafe acts contributed to the accident?</p> <p>Ensure hazardous conditions are corrected immediately.</p>		
Date of Accident:	Time of Accident:	Location of Accident:
Accident resulted in: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage		
Describe how the accident happened:		
What caused the accident?		
What could have prevented the accident?		

### Root Cause Analysis (check all that apply)

<p><u>Unsafe Acts</u></p> <p>_____ Improper work technique</p> <p>_____ Safety rule violation</p> <p>_____ Improper Personal Protect. Equip or PPE not used</p> <p>_____ Operating without authority</p> <p>_____ Failure to warn or secure</p> <p>_____ Operating at improper speeds</p> <p>_____ By-passing safety devices</p> <p>_____ Protective equipment not in use</p> <p>_____ Improper loading or placement</p> <p>_____ Improper lifting</p> <p>_____ Servicing machinery in motion</p> <p>_____ Horseplay</p> <p>_____ Drug or alcohol use</p>	<p><u>Unsafe Conditions</u></p> <p>_____ Poor workstation design</p> <p>_____ Unsafe operation method</p> <p>_____ Improper maintenance</p> <p>_____ Lack of direct supervision</p> <p>_____ Insufficient training</p> <p>_____ Lack of experience</p> <p>_____ Insufficient knowledge of job</p> <p>_____ Slippery conditions</p> <p>_____ Excessive noise</p> <p>_____ Inadequate guarding of hazards</p> <p>_____ Defective tools/equipment</p> <p>_____ Poor housekeeping</p> <p>_____ Insufficient lighting</p>
---	--

Corrective Action Taken to Prevent Reoccurrence:	
Supervisor's Signature:	Date:
Safety Director's Signature:	Date:
General Manager's Signature:	Date:

# SPHM Golf & Country Club

## Application for Employment

Please print or type

### General Information

Last Name	First Name	Middle Initial
Present Address		
Street, PO Box, Rt. #, Apt #	City	State      Zip
Permanent Address (if different from above)		
Street, PO Box, Rt. #, Apt #	City	State      Zip

As an Equal Opportunity Employer, the club does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, or veteran status.

Daytime Telephone	Home Telephone	Permanent Home Phone (if different)
(    )    -	(    )    -	(    )    -
Social Security Number	Date Available to begin working	
-    -	/    /	
Email Address: _____		
Are you a United States Citizen or national, a lawful permanent resident alien, or an alien authorized by the Immigration and Naturalization Service to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No      What is the best time to reach you? _____		

Please check box(es) indicating the type of employment schedule for which you are applying:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal, Summer, Temporary	
What hours are you available to work? _____		Salary expected \$ _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
Will you consider a position which pays less than the expected amount listed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position or type of work desired: _____			
Geographical Preference: _____			
Geographical Restrictions: _____			

Have you previously applied for employment with the club?	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____				
Have you previously been employed by the club?	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____				
In case of emergency, notify: Name _____			Phone (    )    -	
Current Driver's License # _____ State _____			Commercial Driver's License # _____ State _____	
Have you ever been <u>convicted</u> of a crime? (Include military conviction and traffic violations/infractions)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list on a separate sheet of paper, when, where, and the results.				

**Please note that your signature is required on the back of this application.**



**Please account fully for all periods of employment, including your present/most recent employer and times spent in U.S. Armed Forces. List your present/most recent employment first. All information must be included on the application. Please do not write "See Resume." However, if necessary, you may attach additional pages containing the information requested below.**

From: Mo/Yr	Employer	Telephone Number ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		

From: Mo/Yr	Employer	Telephone Number ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		

From: Mo/Yr	Employer	Telephone Number ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		

From: Mo/Yr	Employer	Telephone Number ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		

The following information is needed to verify references. Have you ever been employed under a different name? If so, please state the name:		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	---	--

### Educational Background

Type of School	Name of School	City	State	Dates of Attendance From/To	Degree Earned or Hours/Years Completed	Major Field of Study	Did you Graduate Yes/No
High School (GED)							
College University							
College University							
Business Vocational Trade Sch.							
Graduate School							
Other							

### Military Service

Branch of Service	Date Inducted and Rank
Date Discharged and Rank	
Type of Discharge	If other than "Honorable", explain
Primary Military Occupation	
Skills Acquired	

### Training and Skills

Please provide any additional information that may assist us in the consideration of your application including special skills, training, qualifications, membership in professional societies, licenses, certifications, etc.	
_____	
_____	
_____	
_____	
Typing Speed _____ WPM	
Personal Computer Skills:	<input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Graphics <input type="checkbox"/> Database
Application Software:	<input type="checkbox"/> MS Office™ <input type="checkbox"/> Lotus Notes™
Other: _____	
_____	
_____	

## Club Resources International

**I understand** that the completion of this application does not indicate there are open positions and does not obligate the club in any way. Should I be offered employment with the club, the offer of employment may be contingent upon my receiving a medical clearance for employment from a club-approved physician following a physical examination. That examination might also include a test for drugs. Should the test indicate the presence of drugs other than those being used for legitimate medical purpose, I understand that I will be disqualified from employment.

**I certify** that all facts contained in the application are true and complete and acknowledge that the club is relying on the accuracy of the information provided. I authorize the club to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the club. I also authorize the club to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the club. I also understand and agree that no one has authority to promise me job security or continued employment, except the President of the club in a formal written agreement signed by both of us.

The Fair Credit Reporting Act requires that we advise all applicants that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Further information on the nature and scope of such report, if made, will be available to you upon written request.

All information required on this form is necessary to process your application properly and to enable the club to comply with state and federal laws and regulations.

It is the policy of the club that persons related to members of the club are not eligible for employment. Related persons include spouses, children, parents, siblings, significant others, and related or unrelated persons living in the same household.

Are you related to any member or prospective member of the club for which you are applying for employment?

☐ Yes    ☐ No    If yes, name the member: \_\_\_\_\_

To your knowledge are you related to any vendor or contractor who does business with the facility/club/establishment for which you are applying for employment?

☐ Yes    ☐ No    If yes, name the vendor: \_\_\_\_\_

If applying for a particular opening, how did you hear about it?

☐ Employment ad, what paper? \_\_\_\_\_ ☐ Friend    ☐ Other, \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>SPHM Golf &amp; Country Club</b>		<b>Notice of Extended Introductory Period</b>
Name: _____	Date: _____	
Department: _____	Supervisor: _____	
<p>This notice is to inform you that your introductory period has been extended for a period of 60 days to allow further evaluation of your suitability for your job. During this period your Supervisor will work with you to allow you reasonable opportunity to demonstrate your fitness for continued employment.</p> <p>In keeping with club policy, your eligibility for any benefits that may apply will be postponed until the successful completion of your introductory period.</p>		
Supervisor's Comments:		
	<div style="display: flex; justify-content: space-between;"> <span>Supervisor's Signature</span> <span>Date</span> </div>	

SPHM Form 126

Effective: 10/10/18

<b>Club Resources International</b>		<b>Notice of Extended Introductory Period</b>
Name: _____	Date: _____	
Department: _____	Supervisor: _____	
<p>This notice is to inform you that your introductory period has been extended for a period of 60 days to allow further evaluation of your suitability for your job. During this period your Supervisor will work with you to allow you reasonable opportunity to demonstrate your fitness for continued employment.</p> <p>In keeping with club policy, your eligibility for any benefits that may apply will be postponed until the successful completion of your introductory period.</p>		
Supervisor's Comments:		
	<div style="display: flex; justify-content: space-between;"> <span>Supervisor's Signature</span> <span>Date</span> </div>	

SPHM Form 126

Effective: 10/10/18

# SPHM Golf & Country Club

## Personnel Requisition

☐ Recruitment ☐ New Position

Today's Date:

### RECRUITMENT

Department:	Employment Classification:		
Position Title:	<input type="checkbox"/> FT, not less than 35 hrs/wk, more than 11 mos.		
Desired Start Date:	<input type="checkbox"/> PT, less than 35 hrs/wk, more than 11 mos.		
Immediate Supervisor:	<input type="checkbox"/> Seasonal, less than 11 months, regardless of # of hrs/wk.		
Supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Hours per Week:	Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Replaces: Position #:	Exempt from Overtime:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### CREATE NEW POSITION

Department:	Employment Classification:		
Position Title:	<input type="checkbox"/> FT, not less than 35 hrs/wk, more than 11 mos.		
Desired Start Date:	<input type="checkbox"/> PT, less than 35 hrs/wk, more than 11 mos.		
Immediate Supervisor:	Expected Hours per Week:		
Supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
Exempt from Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Justification:			

### Desired Ad Copy (if any):

Usual Ad? <input type="checkbox"/> Yes <input type="checkbox"/> No, see suggested copy below
Ad Copy:

Department Head Signature:	Date:	GM Approval:
Personnel Administrator Signature:	Date:	

How employees appear to clients, members, and guests has a major impact on their perceptions about the quality of club operations. Therefore, it is essential that employees meet all appearance and attire standards.

An employees appearance determines a members' or guests' first impression and reflects on our entire team. As a result, employees are expected to be neat and clean at all times they are on the property, whether working, picking up their paycheck, attending training or for any other reason.

All new employees will read and sign the Appearance and Grooming Acknowledgement, [CRI Form 128], during in-processing.

### STANDARDS

#### Hair

Hair must be clean, neat, and well groomed.

Hair must be restrained if longer than shoulder length and must be kept off the face.

Any "wild" coloring of the hair is not permissible. Management has final say as to what is considered wild coloring.

#### Grooming. Employees must:

Bathe daily. Use deodorant type soap when necessary.

Brush teeth as often as possible, particularly after meals.

Use mouthwashes and breath mints to help eliminate mouth odors, but may not suck on mints or chew gum while working.

Wash hands frequently and always after using restrooms and when switching tasks. Keep fingernails clean and neatly trimmed.

#### Habits to avoid

Fussing with face or hair.

Nail or cuticle biting.

Careless sneezing or coughing.

Smoking in non-smoking areas, particularly dining and kitchen areas. Chewing gum.

Combing hair in food service or preparation areas. Scratching in any form.

#### Jewelry

One ring per hand and a wristwatch may be worn while working. Necklaces must be worn out of sight.

Earrings must be worn on ear lobes, be no larger than a quarter, and are limited to one pair.

Ear, tongue, cheek, lip, eyebrow, nose, and piercing of other exposed body parts is not permitted on club premises. Men are not permitted to wear earrings while working.

#### Cosmetics

Apply cosmetics with a "light" touch.

Keep nails moderately trimmed and clean. Use only a clear or neutral nail polish.

Avoid strong perfumes and colognes, as they may be offensive to members and other employees.

While it is not possible to establish absolute standards of personal grooming, the final determination of an employee's suitability for work rests with management.

By signing the space provided below, I acknowledge that I have read and understand the club's Appearance and Grooming Standards. I further understand and acknowledge that if I have any questions regarding this policy that I will seek clarification from my supervisor or Personnel Administrator.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>SPHM Golf &amp; Country Club</b>		<b>MSDS Acknowledgement</b>					
Name:	Date:						
Department:	Supervisor:						
Position							
<p>I acknowledge I have been shown where the club's Material Safety Data Sheets (MSDS) Book is located and understand its purpose. I further understand that this book contains vital information pertaining to chemicals that I could come in contact with while employed by the club.</p> <p>I am fully aware that my supervisor or club manager are willing to explain anything I may wish to discuss or to answer any question I may have concerning this book and its contents.</p>							
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td colspan="2" style="height: 30px;"></td> </tr> <tr> <td style="width: 70%; text-align: center; padding: 5px;">Employee's Signature</td> <td style="width: 30%; text-align: center; padding: 5px;">Date</td> </tr> </table>						Employee's Signature	Date
Employee's Signature	Date						

SPHM Form 130

Effective: 10/10/18

<b>SPHM Golf &amp; Country Club</b>		<b>MSDS Acknowledgement</b>					
Name: _____	Date: _____						
Department: _____	Supervisor: _____						
Position _____							
<p>I acknowledge I have been shown where the club's Material Safety Data Sheets (MSDS) Book is located and understand its purpose. I further understand that this book contains vital information pertaining to chemicals that I could come in contact with while employed by the club.</p> <p>I am fully aware that my supervisor or club manager are willing to explain anything I may wish to discuss or to answer any question I may have concerning this book and its contents.</p>							
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td colspan="2" style="height: 30px;"></td> </tr> <tr> <td style="width: 70%; text-align: center; padding: 5px;">Employee's Signature</td> <td style="width: 30%; text-align: center; padding: 5px;">Date</td> </tr> </table>						Employee's Signature	Date
Employee's Signature	Date						

SPHM Form 130

Effective: 10/10/18

Please read this form carefully and write clearly.

DECLINE: ☐ I do not wish to have my paycheck deposited directly. Please sign at bottom

If this is a new account, you must:

1. Already have the account set up at your bank.
2. Find out if they accept direct deposits. Verify the bank's transit # and your account # (including dashes).
3. Notify the bank that you are going to set up direct deposit through Payroll. Make sure that there isn't anything special you need to do as far as they are concerned.

Please check the action and fill out form below:

\_\_\_\_\_ Canceling account (complete item C below). Do not close an account unless you cancel it through Payroll first.

\_\_\_\_\_ Direct deposit already set up, changing \$ amount only (complete C through E below).

\_\_\_\_\_ A new account (complete A through E below).

\_\_\_\_\_ A new account to replace a direct deposit already set up (complete A through E below) .

Which account are you replacing? \_\_\_\_\_

A. Bank Name: \_\_\_\_\_

B. Bank TBA #:

--	--	--	--	--	--	--	--	--

C. Bank Account #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D. Checking ☐ Yes ☐ No Savings ☐ Yes ☐ No

E. Full Deposit ☐ Yes ☐ No Partial Deposit (amount per payroll) \$ \_\_\_\_\_

Please return to the Payroll Department with a voided check from your checking account or a deposit from your savings account (not necessary for existing accounts).

\*\*\* Your account number will be pre-noted for 10 days after input.

I authorize the club and the bank listed above to deposit my net pay or portion thereof as indicated above in my account each payday.

If funds to which I am not entitled are deposited to my account, I authorize the club to direct the bank to return said funds.

I understand that my deposit may not be credited to my account until 5 p.m. on the pay date indicated on the check voucher.

I understand that it is my responsibility to ensure that my wages are being deposited correctly to my account each payday.

Employee Signature:

Date:

Print Name as well:



## Exit Interview

SPHM Form 132 Effective: 10/10/18

# SPHM Golf & Country Club

## Supervisor's Report of Accident

Supervisor's Name:	Facility:	Dept:
<p><u>Basic Rules for Accident Investigation</u></p> <p>Find the cause to prevent future accidents. Use an unbiased approach during the investigation.</p> <p>Interview witnesses &amp; injured employee(s) at the scene; conduct a walk-through of the accident. Conduct interviews in private; interview one witness at a time.</p> <p>Get signed statements from all involved.</p> <p>Take photos or make a sketch of the accident scene.</p> <p>What hazards are present? What unsafe acts contributed to the accident?</p> <p>Ensure hazardous conditions are corrected immediately.</p>		
Date of Accident:	Time of Accident:	Location of Accident:
Accident resulted in: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage		
Describe how the accident happened:		
What caused the accident?		
What could have prevented the accident?		

### Root Cause Analysis (check all that apply)

<p><u>Unsafe Acts</u></p> <p>_____ Improper work technique</p> <p>_____ Safety rule violation</p> <p>_____ Improper Personal Protect. Equip or PPE not used</p> <p>_____ Operating without authority</p> <p>_____ Failure to warn or secure</p> <p>_____ Operating at improper speeds</p> <p>_____ By-passing safety devices</p> <p>_____ Protective equipment not in use</p> <p>_____ Improper loading or placement</p> <p>_____ Improper lifting</p> <p>_____ Servicing machinery in motion</p> <p>_____ Horseplay</p> <p>_____ Drug or alcohol use</p>	<p><u>Unsafe Conditions</u></p> <p>_____ Poor workstation design</p> <p>_____ Unsafe operation method</p> <p>_____ Improper maintenance</p> <p>_____ Lack of direct supervision</p> <p>_____ Insufficient training</p> <p>_____ Lack of experience</p> <p>_____ Insufficient knowledge of job</p> <p>_____ Slippery conditions</p> <p>_____ Excessive noise</p> <p>_____ Inadequate guarding of hazards</p> <p>_____ Defective tools/equipment</p> <p>_____ Poor housekeeping</p> <p>_____ Insufficient lighting</p>
---	--

Corrective Action Taken to Prevent Reoccurrence:
--

Supervisor's Signature:	Date:
Safety Director's Signature:	Date:
General Manager's Signature:	Date:

# SPHM Golf & Country Club

## Employee/Departmental Goals

Name:	Department:
Job Title:	Supervisor:
Period: From:	To:

The Employee/Departmental Goals sheet is used to establish clear goals for an employee or club department. The goals must be determined by the employee in conjunction with his or her supervisor. Goals are listed in order of priority. Each goal should have an expected completion date, mutually agreed upon by employee and supervisor. The sheet also allows the employee and supervisor to establish dates to review progress toward completion of the goals.

Goal #1:	Expected Completion Date:
Discussion:	
Goal #2:	Expected Completion Date:
Discussion:	
Goal #3:	Expected Completion Date:
Discussion:	
Goal #4:	Expected Completion Date:
Discussion:	
Goal #5:	Expected Completion Date:
Discussion:	
Goal #6:	Expected Completion Date:
Discussion:	

Dates of intermediate reviews:
--------------------------------

Supervisor's Signature:	Date:
Employee's Signature:	Date:

## SPHM Golf &amp; Country Club

## Action Planning Sheet

Name:	Department:
Job Title:	Supervisor:
Period: From:	To:
The Action Planning Sheet allows employees and supervisors to more fully develop plans to accomplish assigned goals. The sheet allows each goal to be broken down into its component steps with an expected completion date for each. This is particularly helpful for complex goals with multiple steps or the input and action of other individuals.	

Goal:	Expected Completion Date:
Action Step #1:	Expected Completion Date:
Action Step #2:	Expected Completion Date:
Action Step #3:	Expected Completion Date:
Action Step #4:	Expected Completion Date:
Action Step #5:	Expected Completion Date:
Action Step #6:	Expected Completion Date:
Dates of intermediate reviews:	
Supervisor's Signature:	Date:
Employee's Signature:	Date:

# SPHM Golf & Country Club

## Authorization for Release of Information

Applicant Name: (First, Middle, Last)	Current Street Address:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City:	State:	Zip:
Other Name(s) Used: (like Maiden)	Former Address: (1)		
Social Security No:	City:	State:	Zip:
Driver's License No:      State:	Former Address: (2)		
Date of Birth:      Place of Birth: (City, State, Country)	City:	State:	Zip:

### DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS

Read this carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this club may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not be limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in this or any other State. A photocopy or telephonic facsimile (Fax) of this Authorization for release of information shall be as valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated club Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

### CONSENT STATEMENT

I have carefully read and understand this authorization form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I authorize the club and any of its Agents or designated Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this club, its agents, and their associates to the full extent permitted by law from claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **INDONESIAN CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN INDONESIAN ONLY:** By checking this box, ☐ I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

Applicant Name (Typed or Printed)	Applicant Signature	Date
-----------------------------------	---------------------	------

<b>SPHM Golf &amp; Country Club</b>		<b>Uniform Disclaimer</b>	
Name: <div style="border: 1px solid black; width: 350px; height: 25px;"></div>		Department: <div style="border: 1px solid black; width: 350px; height: 25px;"></div>	
<p>I accept these uniforms with the understanding that it is my responsibility to maintain them in a clean and serviceable condition for use on the job with the club.</p> <p>I understand that should my employment with the club be terminated for any reason, I am to return all issued uniforms in satisfactory condition, with provision for fair wear and tear. Should I fail to return my uniforms, the prorated value of the uniforms will be assessed against my final paycheck.</p>			
<div style="border: 1px solid black; width: 350px; height: 25px;"></div>		<div style="border: 1px solid black; width: 350px; height: 25px;"></div>	
Employee's Signature      Date		Supervisor's Signature      Date	

SPHM Form 138
Effective: 10/10/18

<b>SPHM Golf &amp; Country Club</b>		<b>Uniform Disclaimer</b>	
Name: <div style="border: 1px solid black; width: 350px; height: 25px;"></div>		Department: <div style="border: 1px solid black; width: 350px; height: 25px;"></div>	
<p>I accept these uniforms with the understanding that it is my responsibility to maintain them in a clean and serviceable condition for use on the job with the club.</p> <p>I understand that should my employment with the club be terminated for any reason, I am to return all issued uniforms in satisfactory condition, with provision for fair wear and tear. Should I fail to return my uniforms, the prorated value of the uniforms will be assessed against my final paycheck.</p>			
<div style="border: 1px solid black; width: 350px; height: 25px;"></div>		<div style="border: 1px solid black; width: 350px; height: 25px;"></div>	
Employee's Signature      Date		Supervisor's Signature      Date	

SPHM Form 138
Effective: 10/10/18

# SPHM Golf & Country Club

# Travel Expense Reimbursement

Name:			SSN:		
Department:			Date:		
<b>Travel</b> List detail below			<b>Meals</b> List detail below		
	Amount	G/L Account		Amount	G/L Account
T1			M1		
T2			M2		
T3			M3		
T4			M4		
T5			M5		
		Total			Total

<b>Other Expenses</b>				
	Amount	G/L Account	Date	Description
		Total		

<b>Travel Detail</b>		Date	Location	Purpose	Description	Amount
T1	FROM					
	TO					
T2	FROM					
	TO					
T3	FROM					
	TO					
T4	FROM					
	TO					
T5	FROM					
	TO					

<b>Meals Detail</b>					
	Date	Name/Title/Affiliation of Guests	Business Purpose	Name of Establishment	Amount
M1					
M2					
M3					
M4					
M5					

\$	A: Total Expense	<b>Expense Advance Request:</b> Amount \$	
\$	B: Amount of Advance	Reason: _____	
\$	Reimbursement - If A Exceeds B	Employee Signature: _____	Date: _____
\$	Return – If B Exceeds A	Approval Signature: _____	Date: _____

# SPHM Golf & Country Club

## Hardship Withdrawal Checklist

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

Reason for Hardship Request (Participant must have an "Immediate and Heavy Financial Need")

- ☐ Medical expenses not covered by insurance for the participant, spouse, or dependents (insurance document required).
- ☐ Purchase of participant's principal residence excluding mortgage payments (copy of purchase agreement required).
- ☐ Tuition, fees, and boarding expenses for the next 12 months of postsecondary education for participant, spouse, or dependents (proof of enrollment required).
- ☐ Prevention of eviction or foreclosure of participant's primary residence (commercial loan request denied and eviction notice required).
  
- ☐ Participant has written documentation supporting request for hardship withdrawal. If not, participant must provide it.
- ☐ The stated reason qualifies under the Plan's written guidelines, considering all relevant facts and circumstances, for determining an immediate and heavy financial need. Proceed to the next block. If not, the request is refused.

The request must be "Necessary to Satisfy the Need."

All of the following must be satisfied:

- ☐ Distribution is not in excess of the amount of need (including amounts necessary to pay taxes and/or penalties).
- ☐ Participant is suspended from making elective contributions and/or voluntary contributions to all plans maintained by the employer for at least 6 months after the hardship occurred.
- ☐ If the need does not qualify as necessary, the request is refused; otherwise proceed to the next block.

The Plan uses one of the following two methods to determine the "Facts and Circumstances:"

- ☐ A Financial Evaluation determines the fact that financial resources available to the employee, including resources from a spouse and/or children (if readily available to the employee) cannot satisfy the need.
- ☐ A Written Statement from the employee attests to the fact that the need cannot be satisfied by any of the following means:
  - Reimbursement or compensation by insurance or otherwise. Liquidation of the participant's assets.
  - Ceasing of elective and/or voluntary contributions under the plan. Borrowing from commercial sources.
- ☐ If the employee's statement does not satisfy the requirement OR the employee does not submit a written statement, the request is refused.

- ☐ All requirements have been met for a hardship withdrawal.

Personnel Administrator \_\_\_\_\_