**PLEASE NOTE: This sample Employee Handbook has been adapted for New York cannabis business employers by the Cannabis Workforce Initiative. It may be downloaded and modified for your organization. The information provided in this handbook is for educational and informational purposes only and does not constitute legal advice. Employers should have their own legal counsel review their employee handbook to ensure compliance with state, federal, and local law. It is your responsibility as the business owner to ensure that the content of your Employee Handbook meets all legal requirements. Once you as the user, insert your name and make the applicable changes, it becomes your document, and you are solely responsible for the contents and any policies that you create as a result of adopting this Handbook. If you do not plan to follow through on a policy that you include in your employee handbook, you should not put it into the handbook.**

**[INSERT COMPANY NAME]**

**EMPLOYEE HANDBOOK**

**[INSERT COMPANY LOGO]**

**IMPORTANT: READ CAREFULLY BEFORE USING THIS HANDBOOK**

The Office of Cannabis Management’s (OCM) regulations require licensees to prepare and maintain an Employee Handbook. This is a sample Employee Handbook focused on New York State and federal labor and employment laws. It does not include New York State local county and city laws. For more information visit:

<https://cannabis.ny.gov/system/files/documents/2023/09/exprs-trms-adopt-au-regs-9-12_0.pdf>

This sample Employee Handbook was designed as a guide to be used by cannabis employers in writing their Employee Handbook. As an employer, **you must ensure that your business is meeting all local, state, federal employment laws.** These documents represent the employment laws and requirements at the time of their writing, so you as an employer are still required to keep current on changes to these laws, and new laws enacted.

**How to Use This Handbook:**

The First Step in editing this document is to save a copy under your business name. Next, open the new document and perform a “Find and Replace” function in Word, finding [Employer Name], and replacing it with your businesses name. You should also perform a “Find” function finding “Insert” and replace it with the appropriate information.

The Second Step is to review all the contents of the document starting with the Introductory Statements. All sections are editable and designed to cover the areas most commonly used by employers. **This list is not exhaustive, and sections should be added or deleted as necessary to reflect the specific policies and needs of your operation.**

**Italicized sections are notes or examples for you, the employer, which may or may not apply to your situation.** **You should remove all the red italicized notes prior to distributing handbook to your employees.** You can insert your own language in these sections or in place of any other sections as you desire. Again, it is your responsibility as the business owner/employer to ensure that the content of your Employee Handbook meets all federal, state, and local legal requirements. All liability with respect to actions taken or not taken based on the information, contents and material in this Handbook are hereby expressly disclaimed, and all the following is provided "as is."

**Date on Title Page:**

Each time a policy or section within this Employee Handbook is updated, the date on the title page should be revised. This ensures that the most current version is in use and that all employees reference up-to-date policies.

**Version Tracking:**

It is important to maintain a record of all previous versions of this Employee Handbook. When a new version is created, changes should be documented, and the previous version should be archived. This record-keeping is essential for historical reference and compliance.

**TABLE OF CONTENTS**

[**Introductory Statements** 1](#_Toc171343771)

[Mission 1](#_Toc171343772)

[Commitment to Diversity 1](#_Toc171343773)

[Purpose of Manual 1](#_Toc171343774)

[Employment at will 2](#_Toc171343775)

[Revisions to polices and guidelines 2](#_Toc171343776)

[Protected concerted activities 2](#_Toc171343777)

[**Equal Opportunity** 3](#_Toc171343778)

[Statement Of Principle Of Equal Employment Opportunity 3](#_Toc171343779)

[Discrimination, Harassment and Retaliation Reporting and Complaint Procedure 4](#_Toc171343780)

[Reasonable Accommodations 6](#_Toc171343781)

[Disabilities 6](#_Toc171343782)

[Pregnancy, childbirth and related medical conditions 7](#_Toc171343783)

[Lactation 7](#_Toc171343784)

[**Wages and Compensation** 7](#_Toc171343785)

[Types of Employees and Employee Classifications 7](#_Toc171343786)

[Workweek and Hours of Work 8](#_Toc171343787)

[Overtime 8](#_Toc171343788)

[Time Records 9](#_Toc171343789)

[Meal and Rest Breaks 9](#_Toc171343790)

[Deductions from Pay 9](#_Toc171343791)

[Paychecks 10](#_Toc171343792)

[Separation from Employment 10](#_Toc171343793)

[**Time Off and Leaves of Absence** 11](#_Toc171343794)

[Holidays 11](#_Toc171343795)

[Vacation 11](#_Toc171343796)

[Sick Leave 11](#_Toc171343797)

[Paid Family Leave 12](#_Toc171343798)

[Military Leave 13](#_Toc171343799)

[Jury Duty/Court Appearance 14](#_Toc171343800)

[Time Off for Voting 14](#_Toc171343801)

[Safe Leave 14](#_Toc171343802)

[**Employment Relationship** 15](#_Toc171343803)

[Employee Privacy 15](#_Toc171343804)

[Conflicts of Interest 15](#_Toc171343805)

[Confidential Information 16](#_Toc171343806)

[Activities Outside of Work 16](#_Toc171343807)

[Drug-Free and Alcohol-Free Workplace 17](#_Toc171343808)

[Drug Testing 17](#_Toc171343809)

[Smoke-Free Workplace 18](#_Toc171343810)

[Labor Peace Agreement 18](#_Toc171343812)

[**Workplace Safety** 18](#_Toc171343813)

[Commitment to Safety 18](#_Toc171343814)

[Workplace Injuries 19](#_Toc171343815)

[Workers’ Compensation 19](#_Toc171343816)

[Workplace Violence Prevention 19](#_Toc171343817)

[Emergency Closings 20](#_Toc171343818)

[Cell Phone Safety and Driving 21](#_Toc171343819)

[Security 21](#_Toc171343820)

[**Workplace Conduct and Guidelines** 22](#_Toc171343821)

[Punctuality, Attendance and Scheduling 22](#_Toc171343822)

[Job Performance 22](#_Toc171343823)

[Outside Employment 22](#_Toc171343824)

[Employment of Relatives and Domestic Partners 22](#_Toc171343825)

[Dress and Personal Standards 23](#_Toc171343826)

[Cell Phone, Internet, and Social Media Use 23](#_Toc171343827)

[Social media use 24](#_Toc171343829)

[Solicitation 24](#_Toc171343830)

[Company Property 25](#_Toc171343831)

[Disciplinary Procedure 25](#_Toc171343832)

[**Employee Benefits** 26](#_Toc171343833)

[Medical, Dental, and Vision Insurance 26](#_Toc171343834)

[Insurance 26](#_Toc171343835)

[Short-Term Disability 26](#_Toc171343836)

[Long-Term Disability 26](#_Toc171343837)

[Group Life Insurance 26](#_Toc171343838)

[Retirement 27](#_Toc171343839)

[Housing Benefits 27](#_Toc171343840)

[**OCM Information Requirements** 28](#_Toc171343841)

[Operating plan employee roles and responsibilities 28](#_Toc171343842)

[Safe Consumption of Cannabis 28](#_Toc171343843)

[Employee safety and fire prevention 28](#_Toc171343844)

[Tracking compliance 28](#_Toc171343846)

[Investigation and inspection cooperation 28](#_Toc171343847)

[Access to laws and OCM policies and guidance 28](#_Toc171343848)

[**EMPLOYEE HANDBOOK ACKNOWLEDGMENT AND RECEIPT** 29](#_Toc171343849)

[**EMPLOYEE ACKNOWLEDGMENT AND Receipt of Harassment Policy** 30](#_Toc171343850)

[**Appendix 1: Complaint Form for Reporting Sexual Harassment** 31](#_Toc171343851)

**Introductory Statements**

Welcome to employment with [Employer Name] (the “Company”). We are excited to have you join our team. This Employee Handbook is intended to explain the terms and conditions of employment for all full-time and part-time employees and supervisors. It contains essential information about our mission, values, policies, and procedures that will enable you to succeed in your role while fostering a positive and inclusive work environment. The Handbook may not cover every employment-related circumstance that could arise during your employment but addresses those that often present themselves in the workplace. Please take time to review the policies contained in this handbook. If you have a question about a matter not addressed in this handbook, please ask us.

We are confident that your skills and enthusiasm will contribute significantly to our shared success. Welcome to the [Employer Name] family!

**Mission**

*Insert your Mission Statement Here. A sample mission statement*: *At [Employer Name], we are committed to providing our customers with premium cannabis solutions that enhance well-being while prioritizing integrity, transparency, and sustainability. As a team, we strive to create a workplace that values diversity, encourages collaboration, and empowers every individual to contribute to our shared success. Together, we aim to shape the future of the cannabis industry, setting new standards and positively impacting the lives of those we serve.*

**Commitment to Diversity, Equity, and Inclusion**

[Employer Name] is committed to creating and maintaining a workplace in which all employees have an opportunity to participate and contribute to the success of the business and are valued for their skills, experience, and unique perspectives. This commitment is embodied in company policy and the way we do business at [Employer Name] and is an important principle of sound business management.

**Purpose of Manual**

The information and policies listed in this Handbook will help you understand what is expected of you and how to be successful in your employment with us. This Handbook is not a contract and is not a contract of employment. Rather, it summarizes policies, procedures, and expectations relative to your employment with [Employer Name]. To the extent that certain employee benefits may be summarized in this Handbook, such descriptions are intended to be summaries only. If there is a conflict between the benefit summaries contained in this handbook and the benefit plan or program plan descriptions or official benefit documents, the official plan documents control. Nothing in this Handbook is intended to infringe on our employees’ rights under applicable law.

## Employment at will

Employment at [Employer Name] is on an at-will basis unless otherwise stated in a written individual employment agreement signed by an authorized officer of the Company.This means that either the employee or the Company may terminate the employment relationship at any time, for any reason, with or without notice.

Nothing in this Handbook creates or is intended to create an employment agreement, express or implied. Nothing contained in this, or any other document provided to the employee is intended to be, nor should it be, construed as a contract that employment or any benefit will be continued for any period of time. In addition, no Company representative is authorized to modify this policy for any employee or to enter into any agreement, oral or written, that changes the at-will relationship.

## Revisions to polices and guidelines

This Handbook contains the employment policies and practices of [Employer Name] in effect at the time of publication. All previously issued handbooks and any inconsistent policy statements or memoranda are superseded. The Company reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook or in any other document(except for the policy of at-will employment). However, any such changes must be in writing and must be signed by an authorized officer of the Company. Any written changes to this handbook will be distributed to all employees so that employees will be aware of the new policies or procedures. No oral statements or representations can in any way alter the provisions of this handbook.

## Protected concerted activities

Nothing in this Handbook is meant to, nor should it be interpreted to, in any way limit employees’ rights under any applicable federal, state, or local laws, including the right to engage in protected concerted activities with other employees to improve or discuss terms and conditions of employment, such as wages, hours, working conditions, and benefits. [Employer Name] employees have the right to engage in or refrain from such activities.

**Equal Opportunity**

## STATEMENT OF PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY

The Company is committed to the principle that each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory and harassment employment practices, including sexual harassment. All of us need to create a workplace where every employee knows that he, she, or they are valued as an individual and is treated with respect and dignity. We embrace and respect the individual differences and unique voices of our employees. We are proud of their varied backgrounds and experiences and appreciate the valuable contributions they make to our organization. We strive to ensure our organization is a reflection of the New York State population so that we can better serve the needs of our customers.

**STATEMENT OF POLICY AGAINST DISCRIMINATORY PRACTICES INCLUDING HARASSMENT**

Discriminatory employment practices including sexual or other forms of harassment are illegal under federal, state, and local laws. The Company prohibits discriminatory practices on the basis of race, color, creed, ancestry, national origin, citizenship, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, religion, age, disability, genetic information, service in the military, domestic violence victim status, or any other characteristic protected by law. These characteristics are also known as protected class status. This applies to hiring, promotion, transfer, compensation, termination, assignments, and all other terms and conditions of employment. Our policy seeks to honor the letter and the spirit of the law.

**INDIVIDUALS AND CONDUCT COVERED**

This policy applies to all employees, (management and staff), whether related to conduct engaged in by fellow employees, supervisors, or someone not directly connected to the Company (e.g., an outside vendor, consultant, clients, etc.). Conduct prohibited by this policy is unacceptable in the workplace itself or in outside work-related settings, such as business travel, meetings, and social events.

**DEFINITIONS OF HARASSMENT**

Sexual Harassment: Sexual Harassment is a type of sex discrimination. Sexual Harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual Harassment may include a range of subtle and not so subtle behaviors. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances; subtle or overt pressure for sexual favors; sexual jokes, flirtations, innuendoes, advances or propositions; verbal abuse of a sexual nature; graphic commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling, touching, pinching, assault, coerced sexual acts, or suggestive, insulting, or obscene comments or gestures; and display in the workplace of sexually suggestive objects or pictures including e-mail communications. Sexual harassment can include harassment between individuals of the same sex.

Additional Types of Discriminatory Harassment: Harassment on the basis of race, color, creed, ancestry, national origin, citizenship, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, religion, age, disability, genetic information, service in the military, domestic violence victim status, or any other characteristic protected by law is defined as verbal or physical conduct that denigrates or shows hostility or aversion and (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; or (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

Harassment based on any protected characteristic is inconsistent with this policy, and includes but is not limited to: offensive jokes, slurs, epithets, or name calling; physical assault, threats, or intimidation; ridicule or mockery, such as a racial comparison to an animal, mimicking facial features, or intentionally mispronouncing or altering an employee’s ethnic-sounding name; insults or put-downs, on an individual or categorical basis; offensive terms, objects or pictures; and display or circulation in the workplace of written or graphic material (including through e-mail, IM, texts, Internet or computer), that includes any expression of contempt or hatred, or shows hostility or aversion toward an individual or group based on a protected characteristic.

**STATEMENT ON REPRODUCTIVE HEALTH DECISION-MAKING**

The Company’s commitment to equal employment opportunities includes prohibiting discrimination on the basis of an employee’s or an employee’s dependent’s reproductive health decision-making (including a decision to use or access a particular drug, device, or medical service). Discrimination on the basis of an employee’s or the employee’s dependent’s reproductive health decision-making is a violation of the law and the Company’s policy.

An employee who believes that he or she has been the target of discrimination on the basis of reproductive health decision-making should report the situation as soon as possible to their immediate supervisor or department manager, the Human Resources (HR) representative, owner, or any other member of management with whom they feel comfortable bringing such a complaint. Retaliation against an employee who exercises any rights guaranteed under the law that prohibits reproductive health decision-making discrimination is unlawful and a violation of this policy.

Aside from the Company’s internal process, employees may also choose to pursue legal remedies by bringing a civil action alleging a violation of the law that prohibits discrimination on the basis of reproductive health decision-making. Remedies available to a target of reproductive health decision-making discrimination may include: reinstatement, back pay, front pay, compensatory damages, punitive damages, and attorneys’ fees.

## Complaint Procedure

The Company strongly urges employees to bring to its attention any concerns or complaints about discriminatory employment practices, including harassment, regardless of who may be the offender. Employees have the choice to bring their concerns to their supervisor, supervisor’s manager, or to a Human Resources representative, or the owner. Please remember the Company cannot resolve issues that are not brought to its attention. We would like to encourage employees to consider promptly advising the offender that his or her conduct is unwelcome. The Company realizes it is not necessary to talk to an offender if it is uncomfortable.

If an employee believes they have been subject to or have witnessed unlawful discrimination, including sexual or other forms of unlawful harassment, or other inappropriate conduct, they are requested and encouraged to make a complaint using the Complaint Form for Reporting Sexual Harassment (see Appendix 1). They may complain directly to their immediate supervisor or department manager, the HR representative, owner, or any other member of management with whom they feel comfortable bringing such a complaint.

All supervisors and managers who receive a complaint or information about suspected sexual harassment, observe what may be sexually harassing behavior or for any reason suspect that sexual harassment is occurring, are required to report such suspected sexual harassment to their immediate supervisor or department manager, the HR representative, owner, or any other member of management with whom they feel comfortable bringing such a report. Similarly, if employees observe acts of discrimination toward or harassment of another employee, they are requested and encouraged to report this to one of the individuals listed above. All complaints will be investigated promptly, and confidentiality will be protected to the extent possible. A timely resolution of each complaint should be reached and communicated to the parties involved.

If the investigation confirms conduct that violates this policy has occurred, the Company will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.

Employees can also file a complaint with a government agency or in court under federal, state, or local antidiscrimination laws. To file an employment complaint with the New York State Division of Human Rights, please visit https://dhr.ny.gov/complaint. To file a complaint with the United States Equal Employment Opportunity Commission, please visit https://www.eeoc.gov/filing-charge-discrimination. You should also be aware that the New York Commission on Human Rights and the Federal Equal Employment Opportunity Commission investigate and prosecute complaints of prohibited discrimination and harassment in employment.

**RETALIATION**

Threats or acts of retaliation or retribution against employees who raise concerns or make claims or assist in providing information about discriminatory practices, including harassment will not be tolerated and should also be brought to the attention of the employee’s supervisor, the supervisor’s manager, a Human Resources representative or the owner. Retaliatory conduct consists of adverse treatment that would dissuade a person from complaining or assisting in providing information.

Depending upon the circumstances, retaliatory conduct may include but is not limited to: denial of promotion or job benefits, demotion, suspension, termination, work-related threats, warnings, negative or lowered evaluations, assigning less desirable work or work locations, persistent exclusion by coworkers, and/or punitive behaviors and actions.

**CONCLUSION**

The Company developed this policy to ensure that all its employees can work in a professional environment free from discriminatory employment practices including harassment. The Company will make every reasonable effort to ensure that its entire organization is familiar with the policy and is aware that any concerns or claims received will be looked into and resolved appropriately.

Any employee who has any questions or concerns about this policy or procedure should contact an HR representative, supervisor, or the owner.

## Reasonable Accommodations

## Disabilities

[Employer Name] is committed to the fair and equal employment of individuals with disabilities under the Americans with Disabilities Act (ADA) and the New York State Human Rights Law (NYSHRL). It is [Employer Name]’s policy to provide reasonable accommodation to qualified individuals with disabilities unless the accommodation would impose an undue hardship on the Company. [Employer Name] prohibits any harassment of, or discriminatory treatment of, employees or applicants based on a disability or because an employee has requested a reasonable accommodation.

In accordance with the ADA and NYSHRL, reasonable accommodations will be provided to qualified individuals with disabilities to enable them to perform the essential functions of their jobs or to enjoy the equal benefits and privileges of employment. An employee or applicant with a disability may request an accommodation from the HR representative or owner and should specify what accommodation is needed to perform the job and submit supporting documentation explaining the basis for the requested accommodation, to the extent permitted and in accordance with applicable law.

The Company then will review and analyze the request, including engaging in an interactive process with the employee or applicant, to identify if such an accommodation can be made, or if any other possible accommodations are appropriate. If requested, the employee is responsible for providing medical documentation regarding the disability and possible accommodations. All information obtained concerning the medical condition or history of an applicant or employee will be treated as confidential information, maintained in separate medical files, and disclosed only as permitted by law.

It is the policy of [Employer Name] to prohibit harassment or discrimination based on disability or because an employee has requested a reasonable accommodation. [Employer Name] prohibits retaliation against employees for exercising their rights under the ADA, the NYSHRL, or other applicable civil rights laws. Employees should report any harassment, discrimination, or retaliation they have experienced or witnessed to their immediate supervisor, or department manager, the HR representative, owner, or any other member of management with whom they feel comfortable bringing such a complaint.

### **Pregnancy, childbirth and related medical conditions**

[Employer Name] also provides reasonable accommodations to pregnant employees related to pregnancy, childbirth, or related medical conditions, to the extent the accommodation can be made without imposing an undue hardship on [Employer Name]. Upon notifying your supervisor of the need for an accommodation, you may be asked for your input concerning the type of accommodation you believe may be necessary or the functional limitations caused by your pregnancy-related condition. [Employer Name] may require additional information or documentation from medical professionals.

### **Lactation**

*All employers are required to inform all employees about their right to take paid leave for the purpose of pumping breast milk. Employees must be informed when they are hired, and once a year thereafter. Employers must also remind every employee returning to work following the birth of a child of these rights. As an employer, you can inform your employees of this right by providing them with the New York State Department of Labor’s (NYSDOL) policy through email or printed copy. The policy is available at ny.gov/breastmilkexpression. Employers must also notify all employees when a space has been designated for breast milk expression. Employers are also required to provide employees with a private room or other location close to the employee’s work area where they can pump breast milk. If the employer can’t provide a dedicated lactation room, a temporarily vacant room may be used instead.* *As a last resort, a cubicle can be used, but it must be fully enclosed with walls at least seven feet tall. The room or location provided by an employer to pump breast milk cannot be a restroom or toilet stall.*

Employees are allowed to use 30 minutes of paid break time to express breast milk during work hours. This paid time is in addition to any regularly scheduled break time or meal time. Employees may use their regularly scheduled break times or meal time for milk expression should they need additional time in excess of 30 minutes.

**Wages and Compensation**

**Types of Employees and Employee Classifications**

*List the types of employees that your business employs (i.e. Full-time, Part-time, Exempt, Non-exempt, Seasonal, Permanent). Extra attention should be paid to differentiating between exempt and non-exempt employee positions.*

***Note to New York Cultivators****: This Employee Handbook contains crucial sections pertaining to compliance with the New York State Farm Labor Practices Act (FLPA). The law grants farm laborers overtime pay, a day of rest each week, disability and Paid Family Leave coverage, the ability to join or form unions, and other labor protections. As cultivators, you must ensure compliance with the FLPA. All cultivators should review the relevant sections carefully. In New York, most farm employees are eligible for overtime pay after they have worked 56 hours in a calendar week and are entitled to a weekly day of rest. For more information, visit* *https://dol.ny.gov/farm-laborers-fair-labor-practices-act.*

*Sample descriptions below:*

In order to determine eligibility for overtime status and to ensure compliance with federal and state laws and regulations, [Employer Name] classifies its employees as shown below. [Employer Name] may review or change employee classifications at any time.

**Exempt.** Exempt employees are typically paid on a salary basis and are not eligible to receive overtime pay.

**Nonexempt.** Nonexempt employees are paid on an hourly basis and are eligible to receive overtime pay for overtime hours worked.

**Regular, full-time.** Employees who are not in a temporary status and work a minimum of 30 hours weekly and maintain continuous employment status.

**Regular, part-time.** Employees who are not in a temporary status and who are regularly scheduled to work less than 30 hours weekly but at least 20 hours weekly and who maintain continuous employment status.

**Temporary, full-time.** Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work the Company’s full-time schedule for a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status.

**Temporary, part-time.** Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work less than 30 hours weekly for a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status.

**Workweek and Hours of Work**

*Insert into this area the work schedule for your business, as well as the work week used for payroll purposes. Example description of work schedules and work week:*

The standard workweek is from Saturday 12:00 a.m. until Friday 11:59 p.m. Individual work schedules may vary depending on the needs of each department.

**Overtime**

When required due to the needs of the business, employees may be asked to work overtime. Overtime is actual hours worked in excess of 40 in a single workweek. Nonexempt employees will be paid overtime compensation at the rate of one and one-half their regular rate of pay for all hours over 40 actually worked in a single workweek. Paid leave, such as holiday, paid time off (PTO), bereavement time, and jury duty, does not apply toward work time. All overtime work must be approved in advance by a supervisor or manager.

***For New York cultivators only [remove the paragraph below if you are a non-cultivation cannabis employer]:*** In accordance with the Farm Laborers Fair Labor Practices Act, most farm employees are entitled to at least one day (24 consecutive hours) of rest in each calendar week (period of 7 days). An employer may ask an employee to perform work on their scheduled day of rest and the employee may voluntarily choose to do so. If an employee works on their day of rest, they will be paid overtime pay at a rate of 1 ½ times their regular rate of pay. Employees are also entitled to overtime pay equal to 1 ½ times their regular rate of pay for any hours worked above 56 in a calendar week.

**Time Records**

All nonexempt employees are required to complete accurate weekly time reports showing all time actually worked. These records are required by governmental regulations and are used to calculate regular and overtime pay. At the end of each week, employees and their supervisors must sign the time sheet attesting to its correctness.

**Meal and Rest Breaks**

Employees are entitled to a 30-minute unpaid meal break each day. Any nonexempt employee who is required to work through a meal break will be paid for the 30-minute period. Employees are also entitled to two 15-minute rest periods each day. You must clock out for all associated meal periods. Your supervisor will advise you of scheduling your meal period. You must not perform any work during your meal period, and you must stop working for at least 30 full, consecutive minutes. All rest breaks and meal periods must be taken away from the regular work area. You may leave the premises for meal periods. If for any reason you do not take the applicable rest breaks and/or meal periods, you must notify your supervisor immediately.

**Deductions from Pay**

The Company complies with the salary basis requirements of the Fair Labor Standards Act (FLSA). Employees paid on a “salary basis” regularly receive a predetermined amount of compensation each pay period. Exempt employees will receive full salary for any workweek in which they perform any work, regardless of the number of days or hours worked, subject to the exceptions provided below. Exempt employees may not be paid for any workweek in which they perform no work, subject to [Employer Name] benefits programs and policies.

Employees classified as exempt from the overtime pay requirements of the FLSA will be notified of this classification at the time of hire or change in position. No deductions from salary may be made for time when work is not available, provided the exempt employee is ready, willing, and able to work.

**Permitted deductions.** The FLSA limits the types of deductions that may be made from the pay of an exempt employee. Deductions that are permitted include:

* Deductions that are required by law, e.g., income taxes;
* Deductions for employee benefits when authorized by the employee;
* Absence from work for one or more full days for personal reasons other than sickness or disability;
* Absence from work for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy, or practice of providing compensation for salary lost due to illness;
* Offset for amounts received as witness or jury fees or for military pay;
* Unpaid disciplinary suspensions of 1 or more full days imposed in good faith for workplace conduct rule infractions; and
* Any full workweek in which the employee does not perform any work.

If you believe an improper deduction from your salary was made, contact your supervisor immediately. Reports of improper deductions will be investigated promptly. If it is determined an improper deduction occurs, you will be reimbursed for any improper deduction.

**Paychecks**

*This section informs your employees when they should expect to be paid. You should also include a sentence explaining how time sheets are submitted, such as paper time cards, time-tracking apps, or a digital HR portal. Be advised that in New York, manual workers must be paid on a weekly basis. Sample language:*

[Employer Name]’s pay period for all employees is [insert pay period, i.e. biweekly/weekly] on [insert day of the week]. If a regular pay day falls on a holiday, employees will be paid the day before the holiday. Paychecks are directly deposited into employees’ checking and/or savings accounts.

**Separation from Employment**

Employees who voluntarily leave the Company are asked to provide a written notice to their supervisor at least 10 working days' notice of their intention to terminate employment, excluding any vacation days.

All Company-owned property, including vehicles, keys, uniforms, identification badges, and credit cards must be returned immediately upon termination of employment. In most cases, the Company will conduct an exit meeting on or before the last day of employment to collect all company property and to discuss final pay. If applicable, information regarding benefits continuation through the Consolidated Omnibus Budget Reconciliation Act (COBRA) will be sent to the employee’s home address.

Should it become necessary because of business conditions to reduce the number of employees or work hours, this will be done at the discretion of the Company.

**Time Off and Leaves of Absence**

*Employees in New York have a legal right to take paid time off work for specific reasons under state law. This section outlines the company’s policies and procedures regarding various types of leave that your employees may be entitled to or can request, including paid time off (PTO).*

*Sample language:*

**Holidays**

*Example:*

*Time and a half will be paid for hours worked on five of our major holidays (New Year’s Day, Memorial Day, Fourth of July, Thanksgiving, and Christmas).*

**Vacation**

*Insert your company’s vacation policy here. New York does not mandate that any vacation time be provided. If you do decide to provide paid vacation time, you can impose any reasonable condition on eligibility and receipt of such benefit. For example, a requirement that vacation time is earned based on an employee’s hours worked. Be sure to specify any carryover policies and whether PTO is paid out upon termination.*

**Sick Leave**

*Note: Employers must comply with federal, state, and local leave laws. In New York State and New York City, the law entitles employees to paid or unpaid sick leave depending on the size of the employer and the employer’s revenue. For more information, visit* [*https://www.ny.gov/new-york-paid-sick-leave/new-york-paid-sick-leave*](https://www.ny.gov/new-york-paid-sick-leave/new-york-paid-sick-leave) *and* [*https://www.nyc.gov/site/dca/about/paid-sick-leave-law.page*](https://www.nyc.gov/site/dca/about/paid-sick-leave-law.page)*.*

Example below:

The Company provides employees with sick time in compliance with New York Paid Sick Leave Law. Accordingly, employees accrue one hour of sick leave for every 30 hours worked, up to a maximum of 40 hours per calendar year. Employees begin accruing sick leave on their date of hire. Employees may only use their accrued sick leave after 90 calendar days of employment. No more than 40 hours of sick leave may be used in any calendar year.

The sick leave may be used for the following:

* For mental or physical illness, injury, or health condition, regardless of whether it has been diagnosed or requires medical care at the time of the request for leave\*; or
* For the diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or need for medical diagnosis or preventive care.

\*This includes using leave for the recovery of any side effects of the COVID-19 vaccination.

Whenever you anticipate being absent or late due to illness, please be sure to notify your supervisor as far in advance as possible. An employee may not use earned sick time as an excuse to be late for work without an authorized purpose.

**Paid Family Leave**

New York Paid Family Leave provides job-protected, paid time off so you can:

* Bond with a newly born, adopted or fostered child,
* Care for a close relative with a serious health condition, or
* Assist with family situations when a family member is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19.

Benefits -- Time

Eligible employees may take up to 12 weeks of leave. This leave can be taken either all at once or intermittently, but must be taken in full-day increments. You may take the maximum time-off benefit in any given 52-week period.

Benefits -- Pay

Paid Family Leave benefits provide 67% of your average weekly wage, capped at the same percentage of the New York State Average Weekly Wage. Visit https://paidfamilyleave.ny.gov/ for information on this year’s maximum weekly benefit, as well as a calculator to estimate your own benefits.

EXAMPLE: An employee who earns $1, 000 a week would receive a benefit of $670 a week.

**Eligibility**

All eligible employees are entitled to participate in Paid Family Leave. Full-time employees: employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment. Part-time employees: employees who work a regular schedule of less than 20 hours per week are eligible after working 175 days, which do not need to be consecutive. Employees are eligible regardless of citizenship and/or immigration status.

**Qualifying Events**

**New Child:** You can take Paid Family Leave during the first 12 months following the birth, adoption, or fostering of a child. Starting January 1, 2025, expectant mothers may also take up to 40 hours of paid leave during any 52-week calendar period to attend prenatal medical appointments.

**Serious Illness:** You can take Paid Family leave to care for a family member with a serious health condition. These relatives can live outside of New York State and even outside the country. You cannot take Paid Family Leave for your own health condition.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves:

* Inpatient care in a hospital, hospice, or residential health care facility, or
* Continuing treatment or continuing supervision by a health care provider.

A family member includes: spouse, domestic partner, child and stepchild, parent, stepparent, parent-in-law, grandparent, grandchild, and sibling (biological, adopted, half, and step).

**Taking Paid Family Leave**

1. When you want to take Paid Family Leave, you must notify your employer at least 30 days before your leave will start if it is foreseeable. Otherwise, notify your employer as soon as possible.
2. Obtain required forms. Contact your employer, employer’s insurance carrier, or visit https://paidfamilyleave.ny.gov/ to obtain the required forms.
3. Complete and attach: The ***Request For Paid Family Leave (Form PFL-1)*** has sections that need to be completed by you and by your employer. Fill out your section, make a copy and give the form to your employer to fill out ***Part B***. Your employer is required to return ***Form PFL-1*** to you within three business days. If there is a delay, you do not have to wait to proceed. Send the ***Form PFL-1*** that you have filled out, along with the rest of your request package, directly to your employer’s insurance carrier.
4. Obtain and attach supporting documentation. The specific documentation or additional forms required for each type of leave are described on the request for Paid Family Leave and at https://paidfamilyleave.ny.gov/apply.
5. Submit your request forms and supporting documentation. You must submit your completed request package to your employer’s insurance carrier within 30 days after the start of your leave to avoid losing benefits. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

Requests for Paid Family Leave forms and forms submissions should be directed to: [Insert Department Name and/or E-mail address]. Our Paid Family Leave insurance carrier is: [Insert Contact Information].

**Paid Time Off for Prenatal Medical Care**

As of January 1, 2025, eligible employees are entitled to 20 hours of additional paid sick time each year for prenatal care. This includes time for doctor’s appointments, procedures, and tests. The 20 hours is separate from paid sick time already mandated under New York law. The paid prenatal leave can be taken in hourly increments. Employees will be paid their regular rate of pay when using this leave.

**Military Leave**

[Employer Name] supports the military obligations of all employees and grants leaves for uniformed service in accordance with applicable federal and state laws. Any employee who needs time off for uniformed service should immediately notify the HR representative, owner, or the employee’s supervisor, who will provide details regarding the leave. If an employee is unable to provide notice before leaving for uniformed service, a family member should notify the supervisor as soon as possible.

Upon return from military leave, employees will retain certain rights with respect to reinstatement, seniority, layoffs, compensation, length of service promotions, and length of service pay increases, as required by applicable federal or state law. Failure to report for work within the prescribed time after completion of military service will be considered a voluntary termination.

**Jury Duty/Court Appearance**

*Note: Employers with ten or more employees are required to pay an employee who must leave work to serve on a jury a minimum of $40 per day for the first three days of jury service*.

The Company supports employees in their civic duty to serve on a jury. Employees must present any summons to jury duty to their supervisor as soon as possible after receiving the notice to allow advance planning for an employee’s absence.

Employees will be provided time off for jury duty in accordance with applicable laws. If an employee is released from jury duty after four hours or less of service, the employee must report to work for the remainder of that workday.

**Time Off for Voting**

If an employee does not have sufficient time outside of working hours to vote in an official state-sanctioned election, the employee may take off enough working time to vote. Such time off shall be taken at the beginning or the end of the regular shift, whichever allows for more free time. The time taken off shall be combined with the voting time available outside of working hours to a maximum of two hours combined. An employee will be allowed a maximum of two hours of time off during an election day without loss of pay. An employee requesting time off to vote shall give their supervisor at least a two-day notice prior to taking time off*.*

**Safe Leave**

Employees may use accrued leave following a verbal or written request to their employer for safe leave for reasons impacting the employee or a member of their family for whom they are providing care or assistance with care. Safe leave may be used for an absence from work when the employee or employee’s family member has been the victim of domestic violence as defined by the State Human Rights Law, a family offense, sexual offense, stalking, or human trafficking due to any of the following as it relates to the domestic violence, family offense, sexual offense, stalking, or human trafficking to:

* obtain services from a domestic violence shelter, rape crisis center, or other services program;
* participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or employee’s family members;
* meet with an attorney or other social services provider to obtain information and advice on, and prepare for or participate in any criminal or civil proceeding;
* file a complaint or domestic incident report with law enforcement;
* meet with a district attorney’s office;
* enroll children in a new school; or
* take any other actions necessary to ensure the health or safety of the employee or the employee’s family member or to protect those who associate or work with the employee.

**Employment Relationship**

**Employee Privacy**

It is [Employer Name]’s goal to respect the individual privacy of its employees and at the same time maintain a safe and secure workplace. When issues of safety and security arise, employees may be requested to cooperate with an investigation. The investigation may include the following procedures to safeguard the Company and its employees: searches of personal belongings, searches of work areas, searches of private vehicles on Company premises, and the like. Failure to cooperate with an investigation is grounds for termination. Providing false information during any investigation may lead to discipline, including termination.

Employees are expected to make use of Company facilities only for the business purposes of the Company. Accordingly, materials that appear on Company hardware or networks are presumed to be for business purposes, and all such materials are subject to review by the Company at any time without notice to the employees. Employees do not have to have any expectation of privacy with respect to any material on Company property. [Employer Name] regularly monitors its communications systems and networks as allowed by law. Monitored activity may include voice, e-mail, and text communications, as well as Internet search and browsing history. Employees who make excessive use of the communications system for personal matters are subject to discipline. Employees are expected to keep personal communication to a minimum and to emergency situations.

Video surveillance. As part of its security measures and to help ensure a safe workplace, [Employer Name] has positioned video cameras to monitor various areas of its facilities. Video cameras will not be used in private areas, such as break rooms, restrooms, locker/dressing rooms, etc.

**Conflicts of Interest**

This Policy applies to all employees, officers, directors, and contractors of the Company, including their immediate family members, where conflicts of interest may arise.

[Employer Name] recognizes and respects the individual employee’s right to engage in activities outside of employment that are private in nature and do not in any way conflict with or reflect poorly on the Company.

A conflict of interest arises when an employee's personal interests or activities interfere or appear to interfere with the employee's ability to act in the best interests of the Company. Such conflicts may include, but are not limited to, financial interests, outside employment, relationships with suppliers or competitors, and any situation where personal interests may conflict with the Company's interests. Employees have a duty to promptly disclose any actual or potential conflicts of interest to their immediate supervisor, the owner, or the HR representative. Disclosures should include all relevant details and be made in writing.

Upon receiving a disclosure, the Company will evaluate the conflict of interest and determine the appropriate course of action, which may include:

a. Modification of the employee's responsibilities.

b. Removal of the conflict by divestiture or termination of the conflicting interest.

c. Imposition of restrictions on the employee's involvement in the conflicting situation.

d. Any other action deemed necessary to resolve the conflict.

Failure to disclose conflicts of interest or comply with the Policy may result in disciplinary action, up to and including termination of employment.

**Confidential Information**

The protection of confidential business information and trade secrets is vital to the interests and success of [Employer Name].

* **Confidential Business Information:** This includes non-public information about [Employer Name]'s operations, strategies, customer lists, pricing, supplier agreements, and proprietary processes. It does **not** include information about wages, benefits, or working conditions, which employees are free to discuss.
* **Trade Secrets:** These are specific types of confidential information that derive economic value from not being generally known and are subject to reasonable efforts to maintain secrecy.

Employees who improperly use or disclose trade secrets or confidential business information may face disciplinary action, up to and including termination and legal action, even if no personal gain is obtained. All media inquiries should be directed to [Employer Representative]. This policy does not restrict employees' rights to discuss wages or other terms and conditions of employment.

**Activities Outside of Work**

While [Employer Name] does not seek to interfere with the off-duty and personal conduct of its employees, certain conduct may interfere with the Company’s business interest. For this reason, employees are expected to conduct their personal affairs in a manner that does not adversely affect the Company’s or their own integrity, reputation or credibility. Illegal off-duty conduct by an employee that adversely affects the Company’s business interests or the employee’s ability to perform their job will not be tolerated.

**Drug-Free and Alcohol-Free Workplace**

Employees are expected to report to work and remain at work in condition to perform their assigned duties free from the effects of alcohol or drugs.

Off-the-job illegal drug activity, including distributing illegal cannabis products, or alcohol abuse that could have an adverse effect on an employee’s ability to perform their job or that could jeopardize the safety of other employees, the public, the Company’s equipment or the Company’s relations with the public constitutes a violation of this policy and will not be tolerated.

In addition to disciplinary action up to and including termination, an employee involved in the use, sale, or possession of illegal drugs while on the job may be subject to criminal prosecution. Any illegal drugs found shall be turned over to the appropriate law enforcement agency. If management has reasonable cause to suspect an employee is using or distributing illegal drugs on the Company premises at any time, this shall result in disciplinary action up to and including termination. Notwithstanding the foregoing, this policy does not prohibit the legal, off-duty use of cannabis products off of the Company’s premises, provided that such use does not occur during work hours, even when off the Company premises.

Alcohol consumption is prohibited during the workday except at events authorized by Company management where alcohol is served. The use, sale, or personal possession of alcohol during operating hours on the Company’s premises shall result in disciplinary action up to and including termination.

The Company will encourage and reasonably accommodate employees with alcohol or drug dependencies to seek treatment and/or rehabilitation. Employees desiring such assistance should request a treatment or rehabilitation leave. The Company is not obligated, however, to continue to employ any person whose performance of essential job duties is impaired because of drug or alcohol use, nor is the Company obligated to re-employ any person who has participated in treatment and/or rehabilitation if that person’s job performance remains impaired as a result of dependency. Additionally, employees who are given the opportunity to seek treatment but fail to successfully overcome their dependency, will not automatically be given a second opportunity, as the employee is voluntarily seeking treatment to end their chemical dependency.

Any employee who is using prescription or over-the-counter drugs that may impair the employee’s ability to safely perform the job, or affect the safety or well-being of others, must notify a supervisor of such use immediately before starting or resuming work.

**Drug Testing**

The Company reserves the right to ensure compliance with the Drug-Free and Alcohol-Free policy by requiring employees to submit to a substance test, including when there is reasonable suspicion to believe that the employee has reported to work impaired. This policy does not prohibit the legal, off-duty use of cannabis products off of the Company’s premises during non-work hours. Employees may be subject to drug testing for cannabis if they display articulable symptoms of impairment while on duty that decreases performance or interferes with a safe and healthy workplace.

A third-party vendor will conduct such testing. An employee’s failure to cooperate with the testing process will result in disciplinary action, up to and including termination from employment.

Employees who violate this policy may be subject to disciplinary action, up to and including termination of employment.

**Smoke-Free Workplace**

Smoking is not allowed in any parts of the workplace, including all indoor areas and Company-owned vehicles. “Smoking” includes the use of any tobacco products (including chewing tobacco), electronic smoking devices, and e-cigarettes.

**Labor Peace Agreement**

[Employer Name] recognizes and respects the rights of its employees to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, as well as the right to refrain from any or all such activities. In line with our commitment to fostering a positive and collaborative work environment, we are pleased to inform our employees that [Employer Name] is a party to a Labor Peace Agreement with a bona fide union. Employees have the right to freely choose whether or not to join or support a union without fear of reprisal, intimidation, or interference from [Employer Name]. We affirm our commitment to upholding the rights protected under applicable laws.

**Workplace Safety**

**Commitment to Safety**

Protecting the safety of our employees and visitors is the most important aspect of running our business.To help us maintain a safe workplace, everyone must be safety-conscious at all times.

Each employee is accountable for his/her own safety and the safety of those who work around him/her. Employees are expected to:

* Assist in developing safe work practices and operating procedures.
* Perform work tasks in a safe manner.
* Wear appropriate personal protective equipment when required.
* Report injuries or unsafe conditions immediately to your supervisor or the owner.
* Participate in safety training.

The management of [Employer Name] will:

* Develop safe work practices and operating procedures with employee input.
* Assure that employees are trained to perform tasks safely.
* Reduce workplace hazards.
* Provide appropriate PPE (personal protective equipment) for each employee when required.

**Workplace Injuries**

Any workplace injury, accident, or illness must be reported to the employee's supervisor as soon as possible, regardless of the severity of the injury or accident. [Employer Name] will maintain records of all injuries and incidents reported and will use the data to improve policies and procedures with regards to maintaining a safe workplace.

**Workers’ Compensation**

All employees of [Employer Name] are covered under [Employer Name’s] workers compensation policy. While safety is of up most importance at [Employer Name], the purpose of this policy is to ensure employees injured while engaged in Company related activities receive the benefits and care as required under federal and state law.

All injuries, regardless of how minor or significant must be reported immediately to your supervisor. [Employer Name] will strive to return employees to work as soon as they are medically able and make reasonable accommodations as necessary.

Claims of workers compensation fraud are grounds for immediate termination. Claims of fraud are also prosecutable under state law.

**Workplace Violence Prevention**

*On September 4, 2024, Governor Hochul signed into law the New York Retail Worker Safety Act, a comprehensive measure intended to increase worker safety and address the hazard of workplace violence in retail settings.**Effective March 1, 2025, retail employers with at least ten employees are required to conduct assessments of potential workplace violence hazards, adopt written workplace violence prevention policies and workplace violence prevention training. For more information visit* [*https://www.nysenate.gov/legislation/bills/2023/A8947/amendment/B*](https://www.nysenate.gov/legislation/bills/2023/A8947/amendment/B)*.*

[Employer Name] is committed to providing a safe, violence-free workplace for our employees. Acts of violence and threats of violence are strictly prohibited. All such acts and threats, even those intended to be a joke, will be taken seriously, and will lead to discipline up to and including termination. A threat may include any verbal or physical harassment or abuse; attempts to intimidate others; menacing gestures; stalking; or any other hostile, aggressive, destructive actions taken for the purposes of intimidation and/or any indication of intent to harm a person or damage Company property. This policy covers any violent or potentially violent behavior that occurs in the workplace or at company-sponsored functions.

Any employee who witnesses or is the recipient of violent behavior or threats of violent behavior should promptly inform their supervisor, manager, HR representative, or the owner. Each employee is expected and encouraged to report any incident which may be threatening to you, a co-worker, or customer which you reasonably believe is threatening or violent. All threats will be promptly investigated. No employee will be subject to retaliation, intimidation, or discipline as a result of reporting a threat in good faith under this guideline.

**Emergency Closings**

*Insert a description of the course of action to be taken in the event of unexpected circumstances or emergencies that may require the closure of business operations. Example:*

This Emergency Closings Policy outlines procedures for handling unexpected circumstances that may require the closure of our business operations, such as inclement weather, natural disasters, or other emergencies. This decision will be made based on information from relevant authorities, weather forecasts, and other pertinent factors affecting the safety and well-being of employees. In situations in which some employees are concerned about their safety, management may advise supervisors to notify their departments that the Company is not officially closed, but employees may choose to leave the premises if they feel uncomfortable. The safety and well-being of our employees are our top priorities, and this policy aims to ensure a coordinated and organized response to such situations.

1. **Notification Process:** In the event of an emergency closure, employees will be notified through one or more of the following channels:
   * Email communication via the Company's official email system
   * Text messages sent through the Company's emergency notification system
   * Updates on the Company website
2. **Compensation During Closures:** The compensation for hours missed during an emergency closure may be in the form of paid time off, use of accrued vacation or personal days, or as otherwise communicated by the Company. If the Company is officially closed during the course of the day to permit employees to leave early, nonexempt employees who are working on-site as of the time of the closing will be paid for a full day. If employees leave earlier than the official closing time, they will be paid only for actual hours worked, or they can take paid time off (PTO) time. Exempt employees will be paid for a normal full day but are expected to complete their work at another time.
3. **Remote Work Options:** Where feasible, employees may be given the option to work remotely during emergency closures. The Company will communicate expectations and guidelines for remote work in such situations.
4. **Essential Personnel:** Certain positions may be deemed essential for business continuity and may be required to work during emergency closures. Employees in such roles will be informed of their status and responsibilities in advance.
5. **Communication Responsibilities:** Employees are responsible for updating their contact information with the Company to ensure they receive timely notifications during emergency situations. Failure to do so may result in delayed or missed communications.
6. **Return to Work Protocol:** The Company will communicate the process for returning to work after an emergency closure. This may include additional safety measures, facility inspections, or other relevant instructions.
7. **Review and Updates:** This policy will be reviewed periodically and updated as necessary to ensure its relevance and effectiveness. Employees will be notified of any changes to the Emergency Closings Policy.

By adhering to this Emergency Closings Policy, we aim to prioritize the safety of our employees while maintaining clear communication and operational continuity during unexpected events.

**Cell Phone Safety and Driving**

For employees required to drive for the Company, the safety of our employees and other drivers on the road is of the utmost importance. Employees are prohibited from using cell phones while driving on Company business or during Company time. Under no circumstances should employees feel that they need to place themselves or others at risk while driving to fulfill business needs. If your job duties require you to drive and keep your cell phone on, a hands-free device must be used. Under no circumstances should employees place phone calls or write, read, or send text-based messages while operating a motor vehicle on Company time. If you are required to use your phone, pull off the road in order to do so. Company owned vehicles are to be used for company use only.

**Security**

[Employer Name] has developed a security program to ensure the safety of the Company’s employees, customers, and property. Employees are expected to follow these guidelines to maintain a secure workplace. Be aware of people loitering for no apparent reason in parking areas, walkways, entrances and exits, and service areas. Report any suspicious persons or activity to security personnel. Secure your workstation at the end of your shift. When called away from your work area for extended periods of time, do not leave valuable or personal items around. Employees must be alert to potential security risk and should immediately notify their supervisor when unknown people are acting in a suspicious manner in or around the facility, or when keys, security passes, or identification badges are missing.

**Workplace Conduct and Guidelines**

**Punctuality, Attendance and Scheduling**

All employees are expected to arrive on time, ready to work, every day they are scheduled to work. If unable to arrive at work on time, or if an employee will be absent for an entire day, the employee must contact the supervisor or owner as soon as possible. Excessive absenteeism or tardiness will result in discipline up to and including termination. Failure to show up or call in for a scheduled shift without prior approval also may result in discipline up to and including termination. If an employee fails to report to work or call in to inform the supervisor of the absence, the employee may, depending on the circumstances, be considered to have voluntarily resigned employment.

**Job Performance**

Communication between employees and supervisors or managers is very important. Discussions regarding job performance are ongoing and often informal. Employees should initiate conversations with their supervisors if they feel additional ongoing feedback is needed. Generally, formal performance reviews are conducted annually. These reviews include a written performance appraisal and discussion between the employee and the supervisor about job performance and expectations for the coming year.

**Outside Employment**

Employees are generally permitted to work a second job if it does not interfere with their job performance or create a conflict of interest with the Company.

The following types of employment elsewhere are strictly prohibited:

* Additional employment that conflicts with an employee’s work schedule, duties, and responsibilities at the Company.
* Additional employment that creates a conflict of interest with the employee’s position at the Company.
* Additional employment that impairs or has a detrimental effect on the employee’s work performance with the Company.
* Additional employment that requires the employee to conduct work or related activities on Company property during the employee’s working hours with the Company or using Company facilities and/or equipment.
* Additional employment that directly or indirectly competes with the business or interests of the Company.

**Employment of Relatives and Domestic Partners**

Relatives and domestic partners may be hired by the Company if (1) the new person will not work in a direct supervisory relationship to a relative or domestic partner, and (2) the employment will not pose difficulties for supervision, security, safety, or morale. For the purposes of this policy, “relatives” are defined as spouses, children, siblings, parents, or grandparents. A “domestic partnership” is generally defined as a committed relationship between two individuals who are sharing a home or living arrangements.

Current employees who marry each other or become involved in a domestic partnership will be permitted to continue employment with the Company provided they don’t work in a direct supervisory relationship with each other or otherwise pose difficulties as mentioned above. If employees who marry or live together do work in a direct supervisory relationship with each other, the Company will attempt to reassign one of the employees to another position for which the employee is qualified if such a position is available. If no such position is available, the employees will be permitted to determine which one of them will resign from the Company.

**Dress and Personal Standards**

[Employer Name] provides a casual yet professional work environment for its employees. Even though the dress code is casual, it is important to project a professional image to our customers, visitors, and coworkers. All employees are expected to dress in a manner consistent with good hygiene, safety, and good taste. Please use common sense.

Certain employees may be required to meet special dress and grooming, such as wearing uniforms or safety equipment/clothing, depending on the nature of their job. Any questions or complaints regarding the appropriateness of attire should be directed to the manager.

**Cell Phone, Internet, and Social Media Use**

[Employer Name] prohibits the use of personal cell phones in any area of the workplace, except for the employee break room during breaks or as approved by management. Phones may not be used as cameras on the premises.

All communications made using Company-provided equipment or services, including e-mail, telephone, voicemail, and Internet activity, are subject to inspection by the Company. You should also be aware that information transmitted through email and the Internet is not completely secure or may contain viruses or malware, and information you transmit and receive could damage the Company’s systems, as well as the reputation and/or competitiveness of the Company. To protect against possible problems, delete any e-mail messages before opening that are received from unknown senders and advertisers. It also is against company policy to turn off antivirus protection software or make unauthorized changes to system configurations installed on Company computers.

All use of Company-provided communications systems, including e-mail and Internet use, should conform to our Company guidelines/policies, including but not limited to the Equal Opportunity, Harassment, Confidential Information, and Conflicts of Interest. So, for example, employees should not engage in harassing or discriminatory behavior that targets other employees or individuals because of their protected class status or make defamatory comments. Similarly, employees should not divulge confidential information such as trade secrets, client lists, or information restricted from disclosure by law on social media sites.

### **Social media use**

Employees may maintain personal websites or weblogs on their own time using their own facilities. Employees must ensure that social media activity does not interfere with their work. In general, the Company considers social media activities to be personal endeavors, and employees may use them to express their thoughts or promote their ideas. In addition, employees may not post on a personal blog or webpage or participate on a social networking platform for personal purposes during work time or at any time with [Employer Name]equipment or property.

Demonstrate respect for the dignity of the Company, its owners, its customers, its vendors, and its employees. A social media site is a public place, and employees should avoid inappropriate comments. For example, employees should not divulge Company confidential information such as trade secrets, client lists, new ideas, or information restricted from disclosure by law on social media sites. Similarly, employees should not engage in harassing or discriminatory behavior that targets other employees or individuals because of their protected class status or make defamatory comments or engage in other behavior that violates the Company’s discrimination and harassment policies.

**Post disclaimers**. Employees who identify themselves as Company employees or discuss matters related to the Company on a social media site must include a disclaimer on the front page stating that it does not express the views of the Company and that the employees are expressing only personal views—for example: “The views expressed on this website/blog are mine alone and do not necessarily reflect the views of my employer.” Employees must keep in mind that if they post information on a social media site that is in violation of Company policy and/or federal, state, or local law, the disclaimer will not shield them from disciplinary action.

**Confidentiality**. Employees should not identify or reference Company clients, customers, or vendors without express permission. Employees may write about their jobs in general but may not disclose any confidential or proprietary information. For examples of confidential information, employees should refer to the confidentiality policy. When in doubt, ask before publishing.

**Trademarks and copyrights**. Employees should not use the Company’s or others’ trademarks on a social media site or reproduce the Company’s or others’ material without first obtaining permission.

Violations of this policy may result in discipline up to and including immediate termination of employment.

**Solicitation**

Employees are also prohibited from soliciting, distributing written materials, handbills, or any other type of literature on working time and, at all times, in “working areas”. “Working areas” do not include break rooms, parking lots, or common areas shared by employees during nonworking time. Working time does not include meal or break times.

Nonemployees may not trespass or solicit or distribute materials anywhere on Company property at any time, except as provided in the Labor Peace Agreement. Nothing in this policy is meant to, nor should it be interpreted to, in any way limit employees’ rights under any applicable federal, state, or local laws to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection. Employees have the right to engage in or refrain from such activities.

**Company Property**

[Employer Name] provides a wide variety of communication tools and resources to employees for use in running day-to-day business activities. Whether it is the telephone, voicemail, scanner, Internet, intranet, e-mail, text messaging, portable electronic devices, or any other company-provided technology, use should be reserved for [Employer Name] business-related matters during working hours.

Depending on your job duties, you may also be provided with the tools and equipment to do your job. [Employer Name] will strive to keep these tools and equipment in good working condition so that you can be effective in your job. Your careful use of Company tools and equipment is also expected. If at any time, the condition of the Company’s tools and equipment hinder the performance of your job, please notify your supervisor immediately. Use of Company tools and equipment for your own personal use is strictly prohibited, without specific approval from the manager.

**Disciplinary Procedure**

[Employer Name] expects employees to comply with the Company’s standards of behavior and performance and to correct any noncompliance with these standards. Violation of [Employer Name] policies and rules may warrant disciplinary action. Company discipline may include verbal warnings, written warnings, and discharge. It is at the discretion of [Employer Name] management to utilize whichever form of discipline is deemed appropriate depending on the circumstances, including termination of employment. Any disciplinary measures taken will be documented in the employee’s personnel file. This policy in no way limits or alters the at-will employment relationship, the right of employees to engage in protected concerted activities, or any protections offered by a collective bargaining agreement, if one is in effect.

**Employee Benefits**

**Medical, Dental, and Vision Insurance**

*Insert the specifics of your health care plan if applicable. This section may be impacted by the Federal Affordable Care Act, and is dependent upon the number of employees that you have in your business. Example:*

For all employees who work over 30 hours per week, [Employer Name] provides a [insert percentages]% co-sponsored insurance plan to include insurances such as medical, dental, vision, and life for eligible employees and their dependents.

Those employed full-time for more than 3 months will be eligible for an employer contribution to medical benefits, and will also be required to contribute themselves. In the event of an increase in insurance premium rates, all employees may be required to contribute additional costs to cover the increased premiums to retain coverage.

**Insurance**

**Short-Term Disability**

Employees are covered under the Company’s short-term disability insurance policy. This insurance program assists employees in replacing lost income in the event that an employee is disabled due to an off-the-job injury or illness if the employee meets the requirements established by New York State. You may not receive short-term disability and Paid Family Leave benefits at the same time. You may not take more than 26 combined weeks of short-term disability and Paid Family Leave in a 52-week period.

For more information, visit <https://www.wcb.ny.gov/content/main/DisabilityBenefits/employee-disability-benefits.jsp>.

**Long-Term Disability**

*Optional: Insert the specifics of your long-term disability plan if applicable. Example*:

Long-term disability benefits are offered to full-time employees working a minimum of 30 hours per week. If an employee becomes totally disabled and cannot work for an extended period of time, this coverage pays 60 percent of the employee’s salary, up to the policy limits. This is a voluntary benefit and is funded solely by the employee. Long-term disability benefits may run concurrently with FMLA leave, NY Paid Sick Leave and/or any other leave where permitted by state and federal law.

**Group Life Insurance**

*Optional: Insert the specifics of your group life insurance plan if applicable. Example:*

[Employer Name] provides life insurance for full-time employees who work a minimum of 30 hours per week. Employees are eligible for this benefit on the first of the month following 30 days of service. The life benefit is equal to an employee’s annualized base rate. The cost of this coverage is paid for in full by the Company or by the employee.

**Retirement**

*Optional: Insert the specifics of your retirement plan if applicable.*

*Example:*

[Employer Name] recognizes the importance of saving for retirement and offers eligible employees a 401(k) plan.

## Housing Benefits

*Optional* *(Cultivators who provide housing need to follow all applicable state and federal labor housing laws if providing this benefit)* *Employers also need to follow all applicable Federal and State wage laws. Employees provided housing may have guests and visitors during non-work hours. Visit https://dol.ny.gov/system/files/documents/2024/03/p807-farmworker-housing-2-24.pdf for more information on employee housing.*

**OCM Information Requirements**

*The following sections are required by the Office of Cannabis Management (OCM).**Be sure to review the* [*Adult Use Regulations*](https://cannabis.ny.gov/system/files/documents/2023/09/exprs-trms-adopt-au-regs-9-12_0.pdf) *at cannabis.ny.gov for more information - see Pg. 275 - (7).*

**Operating plan employee roles and responsibilities**

*Insert information that is tailored for your employees and clearly delineates the employee roles and responsibilities in implementing the written operating procedures contained within the operating plan*.

**Safe Consumption of Cannabis**

*Insert information related to the safer consumption of cannabis products including, at a minimum, the physical effects of cannabis on the human body based on the phytocannabinoids present; recognizing signs of impairment; the onset of intoxicating effects depending on product form or type; strategies for consumers to more safely store and dispose of cannabis products; the appropriate responses in the event of overconsumption; and risks of cannabis use and over-use, including cannabis use disorder.*

**Employee safety and fire prevention**

*Insert information related to employee safety, including shutdown and emergency procedures. If you are a licensee, authorized to extract using solvents, you must also include specific information related to safe extraction, fire prevention, and response in the event of a fire.*

**Tracking compliance**

*Insert information to assist employees in compliance with inventory tracking requirements and operation of the licensee‘s inventory tracking systems.*

**Investigation and inspection cooperation**

All employees, including managers and supervisors, are required to cooperate with inspections and audits by the Office of Cannabis Management.

**Access to laws and OCM policies and guidance**

The current laws, rules, and regulations, guidance, and policy documents issued by the Office of Cannabis Management can be found on the website <https://cannabis.ny.gov/>.

# **EMPLOYEE HANDBOOK ACKNOWLEDGMENT AND RECEIPT**

I hereby acknowledge receipt of the employee handbook of **[Employer Name].** I understand and agree that it is my responsibility to read and comply with the policies in the handbook.

I understand that the handbook and all other written and oral materials provided to me are intended for informational purposes only. The handbook, company practices, and other communications do not create an employment contract. I understand that the policies and benefits, both in the handbook and those communicated to me in any other fashion, are subject to interpretation, review, removal, and change by management at any time without notice.

I further understand that I am an at-will employee and that neither this document nor any other communication shall bind the Company to employ me now or hereafter and that my employment may be terminated by me or the Company without reason at any time. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action or to assure any benefits or terms or conditions of employment or make any agreement contrary to the foregoing.

I also understand and agree that this agreement may not be modified orally. I also understand that if such an agreement is made, it must be in writing and signed by the president, owner, or HR representative of the Company.

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

Employee’s Name in Print

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

Signature of Employee

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

Date Signed by Employee

**TO BE PLACED IN EMPLOYEE’S PERSONNEL FILE**

# **EMPLOYEE ACKNOWLEDGMENT AND Receipt of Harassment Policy**

I have read and understand the Company’s Harassment Policy. My signature below confirms my knowledge, acceptance, and agreement to comply with the policy.

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

Employee’s Name in Print

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

Signature of Employee

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

Date Signed by Employee

**TO BE PLACED IN EMPLOYEE’S PERSONNEL FILE**

**Appendix 1: Complaint Form for Reporting Sexual Harassment**

[Employer Name]

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to *[insert person or office designated; contact information for designee or office; how the form can be submitted].* You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

**For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace**

**COMPLAINANT INFORMATION**

Name:

Work Address: Work Phone:

Job Title: Email:

Select Preferred Communication Method: Email Phone In person

**SUPERVISORY INFORMATION**

Immediate Supervisor’s Name:

Title:

Work Phone: Work Address: