

(Insert Name of Company)
Payroll Policy

I understand that as an employee of (Insert Name of Company), I am responsible for checking and signing my time card each Friday, or last day of employment on that job, and if there are discrepancies it is my responsibility to resolve those discrepancies with the jobsite superintendent. I understand that I cannot call the accounting office to resolve any discrepancy a few days or weeks later.

I understand that each Friday is payday. Should I be laid off due to lack of work my payday remains the same and my check can be picked up at the main office or mailed to my home. I understand that layoff checks are issued only when an employee is permanently dismissed.

I understand that (Insert Name of Company) is a non-union contractor. I understand that prevailing Davis-Bacon wages are paid on government jobs and that prevailing wages vary from area to area. I understand that should I be informed that I will not receive the prevailing wage on Davis-Bacon jobs I should contact the main office at once.

I understand that I am eligible for enrollment in the company Pension Plan. I understand that I am eligible for (Insert Name or Types of Other Insurance Employee is Eligible For), effective on the 1st day of the next month following the accumulation of 130 hours. It is my responsibility to fill in the registration forms for these policies and return them to the main office with a proper and up-to-date W-4 form.

I understand that only the jobsite superintendent and secretary can sign for jobsite deliveries and make orders for the company.

I understand that jobsite phones are for business only and only personal calls of an emergency nature are authorized.

I understand I am not required to run errands or to pick up materials in my personal vehicle and that if I do it is at my own risk, as I am not covered by insurance through the company should I have an accident.

Signature: _____

Date: _____

Name (Printed): _____