



SERVICE STATION DEALERS & AUTOMOTIVE SERVICES OF GREATER NY, INC.

AFFILIATED WITH: SSDA/NCPR-AT

EMPLOYEE MANUAL ORDER FORM

Please fill out the form below and return to our office at ssdgny@ssdgny.org or by fax 914-698-4787.
Each employee manual is personalized to your business.

1. Legal and DBA name of the business:

2. Address:

3. Phone Number:

4. Email:

4. Dress code, check any and all that apply () uniform provided () jeans, () work boots () NO shorts

5. Wages: the pay period runs from _____ to _____ pay day is on _____

6. Do you pay a commission for up selling () yes () no, if yes explain _____

7. Do you have a service writer / manager () yes () no, if yes do they get an override () yes () no

8. Employment of relatives: () yes () no

9. Paid Holidays () yes () no or () omit section from handbook:

- | | | |
|---|--|--|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Martin Luther King | <input type="checkbox"/> President's Day |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> 4 th of July | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Columbus Day | <input type="checkbox"/> Veterans Day | <input type="checkbox"/> Thanksgiving |
| <input type="checkbox"/> Thanksgiving and day after | <input type="checkbox"/> Christmas | <input type="checkbox"/> other |

10. Additional benefits: () yes () no () or omit section from hand book:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> company paid health insurance | <input type="checkbox"/> employee paid health insurance | <input type="checkbox"/> 401/IRA |
| <input type="checkbox"/> paid vacation days, how many per year _____ | <input type="checkbox"/> paid sick days, how many per year _____ | |
| <input type="checkbox"/> paid personal days, how many per year _____ | <input type="checkbox"/> paid bereavement leave, how many days _____ | |
| <input type="checkbox"/> paid jury duty, how many days _____ | | |

11. Reporting to work how () time clock () sign in () other

If possible, please include in the email your logo or photo of the location. If you have any additional information that you would like included, please let us know.

The cost to prepare your Employee Manual is \$125 plus \$20 for each hard copy.

**I WOULD LIKE TO ORDER OUR PERSONALIZED EMPLOYEE MANUAL FOR \$125 WITH
_____ HARD COPIES FOR A TOTAL COST OF \$ _____**

Print & Sign

Title

Date

421 Waverly Avenue, Mamaroneck, NY 10543T: 914-698-5188 F: 914-698-4787

www.ssdgny.org