**HR STANDARD OPERATING PROCEDURE SOP**

**[COMPANY NAME]**

[Street Address]

[City, State and Zip]

[Email Address]

**Version 0.0.0**

**[Date]**

**department responsible**

| VERSION HISTORY |
| --- |
| VERSION NO. |  | CURRENT VERSION DATE |  |
| **EFFECTIVE DATE** |  | **EXPIRATION DATE** |  |
| **RESPONSIBLE PERSON** |  | **SIGNATURE** |  |
| **WRITER** |  | **APPROVAL** |  |

**REVIEW PROCEDURE**

List how often the SOP should be reviewed and updated and who is responsible.

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**PURPOSE**

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**SCOPE**

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**TERMS AND DEFINITIONS**

Define any acronyms, jargon, or terms that might have multiple meanings.

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| **TERM** | **DEFINITION** |
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**RECRUITMENT AND SELECTION PROCESS**

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**RESPONSIBILITIES AND EXPECTATIONS OF EMPLOYEES**

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| EMPLOYEE CONDUCT |  |
| DISCIPLINE |  |
| ATTENDATNCE AND TIME-OFF |  |
| DRUG, ALCOHOL, TOBACCO USE AND TESTING POLICIES |  |
| INTERNET, DEVICE, AND BYOD POLICIES |  |
| OTHER |  |

**TRANSFERS**

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**PROMOTIONS**

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**TRAINING AND DEVELOPMENT**

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**LEAVE**

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**SEPARATION**

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**WORKPLACE SAFETY**

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**SIGNATURES**

Obtain signatures from employees to confirm that they have read and understood procedures.

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| **STAFF MEMBER NAME** | **SIGNATURE** | **DATE** |
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