**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.

|  |
| --- |
|  |
|  |
|  |
|  |

**PURPOSE**

|  |
| --- |
|  |
|  |
|  |
|  |

**SCOPE**

|  |
| --- |
|  |
|  |
|  |
|  |

**TERMS AND DEFINITIONS**

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

|  |  |
| --- | --- |
| **TERM** | **DEFINITION** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**RECRUITMENT AND SELECTION PROCESS**

|  |
| --- |
|  |
|  |
|  |
|  |

**RESPONSIBILITIES AND EXPECTATIONS OF EMPLOYEES**

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

**TRANSFERS**

|  |
| --- |
|  |
|  |
|  |
|  |

**PROMOTIONS**

|  |
| --- |
|  |
|  |
|  |
|  |

**TRAINING AND DEVELOPMENT**

|  |
| --- |
|  |
|  |
|  |
|  |

**LEAVE**

|  |
| --- |
|  |
|  |
|  |
|  |

**SEPARATION**

|  |
| --- |
|  |
|  |
|  |
|  |

**WORKPLACE SAFETY**

|  |
| --- |
|  |
|  |
|  |
|  |

**SIGNATURES**

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

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