



HR Self Evaluation Checklist

	Yes	No	Not Sure
1. Does your organization have the most updated Federal/State posters as required by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you confident that you are maintaining the correct documents in your organization's personnel files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you using the most current I-9 form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you file the I-9 form in the employee's personnel file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you providing rest and meal periods according to your appropriate Wage Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization utilize an Employee Handbook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If your organization does, do you feel confident that your policies are up to date with changes in the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you confident that your employment application does not ask any illegal questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is your organization legally required to have members of management attend Sexual Harassment training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If so have all required employees attended the training within the timelines specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you have less than 50 employees have you had at least one member of your management team attend a Harassment Training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your organization have job descriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you confident that the job descriptions are ADA compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the job descriptions written in such a way as to support FLSA decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do all employees who are considered exempt from overtime compensation meet the applicable criteria as executive, administrative, professional, computer professional or outside salesperson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does Family Medical Leave apply to your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If so, are you confident that your organization is in compliance? Is your organization clear on where other laws overlap with FMLA and CFRA leaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. In addition to FMLA is your organization familiar with the Pregnancy Disability Leave and Paid Family Leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you familiar with all the leave laws that an employer may be required to offer in California?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you know as an employer when you are required to provide an employee COBRA information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your organization have a work place Injury and Illness Prevention Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are your commission agreements clearly stated in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your organization offer an Alternative Work Schedule? If so, does it comply with all of the related DLSE regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your organization utilize a Disciplinary Policy or Progressive Counseling Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you in compliance with the Wage Theft Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are you uncertain of your answers? Did you answer No or Not Sure to any of the questions?
If so, SDEA can help!**

Submit this form using the "email" button in the top right corner and one of our Consultants will contact you directly once the form has been reviewed. You may also contact SDEA at (858) 505-0024 with any questions or concerns.

Organization Name: _____

Contact Name: _____

Phone Number: _____

*This self-audit is not intended to be a comprehensive list of every potential area of liability for an employer, but rather a substantial list of the primary areas of concern that most employers have based on recent claims and legal actions. For a more thorough review of your compliance, please call SDEA at 858-505-0024 and inquire about our in-house HR audit.