

Human Resources





Food Safe



Food Safety

- Consistency of Timers
- Cooler curtains
- Turning off coolers
- Batter cart temperatures
- Working thermometers
- Cleanliness
- FiFo
- Fryer Excellence
- Wheels
- Rack
- Ceilings



Objectives:

- **Create consistency and accuracy with the completion of routine forms**
- **Discuss the importance and consistency of both positive and corrective documentation**
- **How to effectively handle special circumstances**



Payroll



Admin

All forms emailed to Leah (Headoffice@churchschickenbc.ca)
Friday 12pm a week from payroll

- ☐ Sick Pay
- ☐ Vacation Pay
- ☐ Employee Transfers
- ☐ Promotions
- ☐ Wage Increase





Sick Pay



Sick Pay form



IT

SICK PAY REQUEST

STORE #: _____ EMPLOYEE #: _____

NAME: _____
 LAST FIRST NAME MIDDLE NAME

NUMBER OF SHIFTS MISSED DUE TO ILLNESS _____

DATE(S) OF ILLNESS _____

FULL TIME STAFF _____
 \$ AMOUNT TO PAY AVERAGE # OF HOURS PER SHIFT

PART TIME STAFF _____
 \$ AMOUNT TO PAY AVERAGE # OF HOURS PER SHIFT

TO CALCULATE AVERAGE HOURS PER SHIFT. ADD ALL HOURS WORKED IN THE PAST 30 DAYS TOGETHER AND THEN DIVIDE BY THE NUMBER OF SHIFTS WORKED IN THE PAST 30 DAYS. THIS WILL GIVE THE AVERAGE NUMBER OF HOURS PER SHIFT. THEN MULTIPLY BY THE HOURLY WAGE TO CALCULATE AMOUNT TO PAY.

STORE MANAGER: _____
 PRINT SIGNATURE





Vacation Pay



Vacation - Insert form / have handouts



DATE: _____

VACATION PAY REQUEST

STORE #: _____

EMPLOYEE #: _____

NAME: _____

LAST

FIRST NAME

MIDDLE NAME

VACATION PAY PAYMENT: (PLEASE CHOOSE ONE)

DOLLAR AMOUNT \$ _____

PERCENTAGE % _____

STORE MANAGER : _____

PRINT

SIGNATURE





Employee Transfers



Employee Transfer Approval (Before Transfer)

- ❑ **Employee Transfer Request Form:** RGM fills Employee request form for desired employee and sends the form to Market Leader with the date transfer is happening.
- ❑ **Ken Approval:** Market Leader to email Ken for approval copying head office Employee request form indicating desire to for transfer, including the desired position or location and reason for transfer.
- ❑ **System Updates:** Update employee records in Clearview systems to reflect the new position and/or location after approval on or before transfer day.



Employee Transfer Request Form



EMPLOYEE TRANSFER REQUEST

EMPLOYEE #: _____

NAME: _____

LAST

FIRST NAME

MIDDLE NAME

CURRENT STORE # _____

TRANSFER TO STORE # _____

EFFECTIVE DATE _____

PERMANENT OR TEMPORARY (PLEASE CIRCLE)

STORE MANAGER : _____

PRINT

SIGNATURE



Leave of Absence



Employee Leave Request & Approval

(Before employee goes on leave)

- ❑ **Leave Request Form:** An Employee Termination: ROE/LOA request form completed by the employee detailing the type of leave, reason, start and end dates, and any supporting documentation sent to Market Leader.
- ❑ **Supporting Documentation:** Any required documentation to support the leave request, such as medical certificates, legal documents, or personal statements.
- ❑ **Market Leader's Approval:** Market Leader emails written approval or acknowledgment copying Head office.



Employee Termination ROE/LOA

Time Off Report

Store: 1712 - Kingsway/Slocan Year: 2024 Month: October

Labour Inventory Admin

Employees >

Time Tracking >

Scheduling > Employee Scheduling Info

Reports > Forecasting

Schedule - New

Daily Position Report

Time Off Report

Schedule Variance

Monday 30 Sharma, Abhishek

Tuesday 1

Wednesday 9

Thursday 16

Friday 23

Saturday 30

New Leave Request

Employee: Not Selected Status: Pre-Approved

Date Submitted: Tue Oct 15 2024 2:29 PM

Reason: ☒ Not Selected ☐ Medical Appointment ☐ Other Appointment

☒ All Day?

Start: End:

Message to employee(0/500)

Create Reset Close



EMPLOYEE TERMINATION: ROE / LOA

STORE #: _____ EMPLOYEE #: _____

NAME: _____

LAST FIRST NAME MIDDLE NAME

☐ ROE

☐ LOA

(CIRCLE APPLICABLE LETTER)

- A SHORTAGE OF WORK
- D ILLNESS OR INJURY
- E QUIT
- F PREGNANCY/PARENTAL LEAVE (RETURN DATE IF KNOWN) _____
- G RETIREMENT
- K OTHER (INDICATE REASON) _____
- M DISMISSAL (INDICATE REASON) _____
- N LEAVE OF ABSENCE (RETURN DATE IF KNOWN) _____

LAST DAY WORKED: _____

REHIRE STATUS (CIRCLE APPLICABLE): RETURNING OR NOT RETURNING

FINAL VACATION PAY _____

STORE MANAGER: _____

PRINT

SIGNATURE



Documentation & Record Keeping

(Before employee goes on leave)

- ❑ **Employee Notification:** After Market Leader's approval provide the employee with confirmation of the leave approval, including any details about coverage and next steps.
- ❑ **Leave Approval Record:** Document the approval process in Clearview, including approvals, and any related correspondence.
- ❑ **Personnel File Update:** Update the employee's personnel file to include records of the leave request and approval.



Post- Leave Actions (Employee return to work)

- ❑ **Review and Adjust:** After the leave ends, review the employee's return. Reach out to employee in case no communication from them on return date.
- ❑ **Return to Work Plan:** If employee is back to work develop a plan for the employee's return to work, including any necessary reintegration or accommodation.
- ❑ **Manager Notification:** Inform Market Leader copying Head office of the employee's return date and any relevant details by filling up Employee Change Form.





Robbery

Safety & Security



Robbery Prevention Measures

- ❑ **Surveillance Systems:** Ensure staff know the locations of surveillance cameras and how they contribute to security.
- ❑ **Cash Handling:** Train staff on secure cash handling practices, including minimizing cash in registers and using drop safes.
- ❑ **Behavioral Indicators:** Teach staff to recognize signs of suspicious behavior, such as loitering, unusual nervousness, or individuals casing the premises.



Communication During & After Robbery

- ❑ **Alarm Systems:** Train staff on how to use panic alarms or silent alarms discreetly.
- ❑ **Emergency Calls:** Ensure staff know how and when to call emergency services, such as police or medical assistance.
- ❑ **Non-Resistance:** Train staff to avoid resistance and not to attempt to confront or disarm the robbers including not chasing them after the robbery.



Responding to Robbery

- ❑ **Stay Calm:** Emphasize the importance of remaining calm and composed during a robbery.
- ❑ **Follow Instructions:** Instruct staff to comply with the robbers' demands to ensure their safety.
- ❑ **Non-Resistance:** Train staff to avoid resistance and not to attempt to confront or disarm the robbers including not chasing them after the robbery.



Post Robbery Actions

- ❑ **Debriefing:** Conduct a debriefing after the robbery to review what happened, what went well, and areas for improvement.
- ❑ **Counseling and Support:** Provide access to counseling or support services for affected employees.
- ❑ **Incident Reporting:** Complete an incident report detailing the events, actions taken, and outcomes.





Bullying and Harassment

Safety & Security



Preventive Measures

- ❑ **Respectful Communication:** Emphasize the importance of respectful and professional communication. Speaking in English only.
- ❑ **Inclusive Environment:** Promote an inclusive workplace culture where all employees feel valued.
- ❑ **Code of Conduct:** Clearly outline expected behaviors and conduct within the restaurant.
- ❑ **Role Modeling:** Encourage managers and supervisors to model appropriate behavior and address any issues promptly.



Reporting Procedure

- **How to report:** Workers at Church's Chicken can report incidents or complaints of workplace bullying and harassment verbally or in writing. When submitting a written complaint, please use the workplace bullying and harassment complaint form. When reporting verbally, the reporting contact, along with the complainant, will fill out the complaint form.
- **When to report:** Incidents or complaints should be reported as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated and addressed promptly.
- **Report Contact:** Report any incidents or complaints to your Restaurant Manager, Market Leader or to Head office





Termination



Justification and Documentation

- ❑ **Resignation Letter:** A formal written notice from the employee stating their intention to resign, including the effective date of resignation.
- ❑ **Supporting Evidence:** Documentation that supports the reason for termination, such as performance reviews, disciplinary records, or incident reports.
- ❑ **Performance Improvement Plans:** If applicable, records of any performance improvement plans or corrective actions taken prior to the termination decision.



Review and approval of Termination

- ❑ **Market Leader's Approval:** Confirmation from Market Leader that the termination is warranted and has been reviewed.
- ❑ **Senior Management Approval:** In some cases, especially for high-level or sensitive terminations, approval from senior management may be required.
- ❑ **Employee Termination: ROE / LOA Form:** RGM to fill out form to formalize their resignation. Send the form to Head office copy Market Leader on last day of work.



Company Property and Access

- ❑ **Company Property List:** The employee must return keys if any for non 24 hr store.
- ❑ **Access Termination:** Plan for disabling the employee's access to Clearview website and disabling employee file in Clearview on their last day.



Employee Documentation

August 10, 2022



Steps to create Employee Documentation

- Describe Specific Performance/Behavior That Requires Change
- Ensure Accuracy and Objectivity (Fact-Based & Detail-Oriented)
- Include Employee's Response/Explanation
- Detail Goals and Steps to Achieve Them (Requires your commitment)
- Set an Expected Time Frame for Behavior to be Corrected or Performance to be Improved
- Consistently Follow-Up (Inspect What you Expect!)
- Use Clear Language



Positive Recognition



Date: 08/04/24
To: XYZ

Store #: 1234
Position: [Employee's Position]

Subject: Positive Performance Documentation

Dear [Employee's Name],
I am pleased to acknowledge and document your outstanding performance during the period of [Performance Period]. Your dedication and exceptional work have made a significant impact on our fast-food restaurant. This letter aims to recognize your achievements and express our gratitude for your hard work.

Outstanding Achievements:

1. Exceptional Customer Service:
 - o Description: You provided outstanding customer service, by handling a high volume of orders efficiently
 - o Impact: Your ability to manage a busy lunch rush with a positive attitude resulted in a noticeable improvement in customer satisfaction scores and several positive comments on Medallia.
2. Efficiency in Order Preparation:
 - o Description: You excelled in preparing orders quickly and accurately, contributing to overall kitchen efficiency.
 - o Impact: Your swift and accurate preparation of orders during peak hours helped reduce average wait times by 15%, enhancing the overall dining experience for our customers.
3. Team Collaboration:
 - o Description: You positively influenced team dynamics, by assisting colleagues during busy periods and leading by example.]
 - o Impact: Your proactive support in training new staff members and your willingness to help others during peak times have fostered a more cohesive and efficient team.

Additional Contributions:

- Contribution 1: [Mention any other relevant contributions, such as suggesting process improvements, maintaining a clean work environment, or handling special tasks.]
- Contribution 2: [Include additional noteworthy actions or behaviors.]



Summary:

Your performance has consistently exceeded expectations, and your dedication, efficiency, and teamwork are greatly appreciated. Your contributions play a crucial role in the success of our restaurant, and we are grateful for your hard work and commitment.

Future Development:

We encourage you to continue leveraging your strengths and exploring opportunities for further growth. Your exceptional performance sets a high standard for excellence, and we look forward to your continued contributions.

Acknowledgment:

Please sign below to acknowledge receipt of this positive performance documentation and your understanding of the feedback provided.

Employee Acknowledgment:

Signature: _____

Name: [Employee's Name]

Date: [Date]

Manager/Supervisor:

Signature: _____

Name: [Manager's Name]

Date: [Date]



Written Warning – Cooking Procedure



Date: 08/04/24
To: XYZ

Store #: 1234
Position: [Employee's Position]

☐ Counseling ☐ Written Warning ☐ Suspension

Dear [Employee's Name],

Reason for Discussion:

This letter serves as a formal written warning regarding your failure to follow established cooking procedures. Despite previous discussions and reminders, there have been ongoing issues with adhering to our standard cooking practices, which have impacted our restaurant operations and customer satisfaction.

Description: You were not following the correct cooking times, temperatures.

- **Date:** 06/25/2024
- **Impact:** Incorrect cooking time/temperature of chicken resulted in undercooked food being served, which led to customer complaints and a temporary halt in service.

Previous Discussions:

- On 5/20/2024: feedback was given about following correct cooking time procedures
- On 6/01/2024: We retrained you on all cooking procedure so you can continue improving on cooking procedure.

Next steps:

To address these issues, your management team will commit to:

- **Attend Training:** We will recertify you and provide you with pocket guide to help with compliance. We will schedule you with team trainer for a week.
- **Regular Monitoring:** We will provide written feedback at end of every week to monitor adherence to cooking procedures.



Employee Accountability:

- **Adhere to Procedures:** We expect strictly following cooking times, temperatures, and ingredient measurements.
- **Actively seek feedback**

If these issues are not addressed immediately, further disciplinary action may be taken, which could include suspension or termination of employment, in accordance with our company's disciplinary procedures.

Acknowledgment:

Please sign below to acknowledge receipt of this written warning and your understanding of the performance issues and required actions.

Employee Acknowledgment:

Signature: _____

Name: [Employee's Name]

Date: [Date]

Manager/Supervisor:

Signature: _____

Name: [Manager's Name]

Date: [Date]





Q&A

