# **Dedham School of Music Policies 2025/26**

# **Accessibility Policy:**

Accommodations we can reasonably address will be made upon request and as determined feasible by the Accessibility Coordinator. We ask for three weeks' notice. Please contact Dedham School of Music's Accessibility Coordinator and Executive Director, Jody Pongratz, at <a href="mailto:ipongratz@dedhamschoolofmusic.org">ipongratz@dedhamschoolofmusic.org</a> or at the school: 781-441-9372.

Our school, housed at the Dedham Community Center at 671 High Street in Dedham, has an accessible entrance, with a lift from the parking lot to the first floor, where along with lesson rooms there is an accessible restroom. We ask that DSM be notified in advance of a need for accommodation so that the lesson or class can be scheduled there. We require 2 weeks notice. In the case of an injury that prevents a participant from using the stairs to our 3rd floor classrooms, we will make an immediate accommodation whenever feasible to move the lesson to the first floor. Please contact Jody Pongratz.

Our off-site Jams, Dedham Community Band, Recitals, and Singing Alive program are all held in accessible buildings. Except for Singing Alive programs, our off-site programs are held in First Church Dedham which has a ramp as well as accessible restrooms. Singing Alive programs are held in Dedham Housing Authority community rooms which are accessible and at other senior centers that are also accessible.

For those with Visual Impairments, large print materials are made available upon request, with two weeks' notice. Please contact Jody Pongratz.

Our performances are held outdoors or inside accessible buildings. We do not, to the extent possible, rent a space unless amplification systems are in place for those with a hearing impairment.

Accessible seating and parking at DSM and at our other venues are also available.

The Dedham Community House building has both audio and visual emergency alarms, and we look for these when we rent other performance venues.

# **RULES FOR BEHAVIOR**

- 1. Courtesy towards all DSM members is expected without exception.
- 2. Since we rent this space from the Dedham Community House, other programs/classes are sharing the premises. Our access is limited to the following:
  - Third Floor -Lincoln waiting room if no other program is going on
  - Blue Room Dining Room
  - Restrooms

#### ALL OTHER AREAS ARE OFF LIMITS

3. Food or drinks are not allowed in lesson or rehearsal spaces except water. Please be considerate; pick up after yourself in the waiting rooms located on the first floor and third floor.

# **TOBACCO POLICY:**

Dedham School of music has a zero tolerance policy for tobacco use on school grounds and within school buildings.

# **DRUGS AND ALCOHOL POLICY:**

DSM has a zero tolerance policy regarding drugs and alcohol. Any participant of DSM found to be in possession of, or under the influence of alcohol, marijuana or any controlled and/or illegal substance will be subject to expulsion from the program with no refund.

# **REGISTRATION:**

## **Registration & Tuition**

- Lesson times are reserved upon payment in full or agreeing to a payment plan..
- Tuition for students enrolling after the start of either semester will be prorated.
- Fall students who are not returning for the spring semester must notify the office by December 1st.
- Re-registration for the fall semester begins in June. Returning students who wish to keep the same time slot for their lessons in the next school year must pay a deposit of \$330 toward the semester's tuition which includes the registration fee to hold their spot.
- The full deposit minus the registration fee can be refunded up until September 1 should the student need to withdraw.

## Billing

- Payment for each 16-week semester is expected in full by the first lesson of each semester.
- A monthly \$40 late fee is added to any account not paid in full within 30 days of the billing date.
- Please let the DSM staff (not the teacher) know if you are requesting a payment plan or financial aid.

### **Payment**

- DSM accepts checks, Venmo, credit cards, and bank drafts.
- Checks and money orders can be mailed to the office using the address above.
- Please do not give payment directly to the teacher as they are not responsible for any administrative operations.

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#### Withdrawal

- Withdrawal from a lesson or class requires a written notice to be sent to the Executive Director.
- Up to 60% of the semester's tuition may be refunded if withdrawal occurs within the first two weeks of lessons/classes.
- No refunds are available for cancellations after the first two weeks.

# **TRIAL LESSON POLICY:**

A new student may try a lesson with a teacher. If they agree to continue that will be lesson 1 of 16 for the semester. If they do not continue, the teacher will still be paid for that trial lesson.

# **STUDENT ATTENDANCE POLICY:**

## **Absence & Make-up Policy**

- DSM has designated two weeks at the end of each semester for make-up lessons, although make-up lessons may take place at any time if the teacher and student agree.
- Lessons may be made up for any of the following reasons:
  - Student absences (see below)
  - Teacher absences
  - Legal holidays
  - School closure for inclement weather or other emergency
- In case of absence students should always notify the teacher.
  - If a student is sick and notifies the office 24 hours prior to the lesson time, it is considered an excused absence.
  - A maximum of one excused absence per semester will be made up by the teacher.
  - Late notice of an absence for any reason may not entitle a student to a make-up lesson.
  - If a student misses a scheduled make-up lesson, it may not be rescheduled and a refund will not be given.
- Make-up lessons cannot be given for student absences from a group class or ensemble.

# **Emergency Closings:**

Notice of inclement weather or an emergency closing will be noted on DSM's facebook page as well as through mass email. Faculty scheduled to teach must reach out to their students and arrange for a pivot to virtual lessons or schedule lesson make-ups. Teachers must seek confirmation from parents; it is not adequate to send a message canceling or rescheduling a lesson without receiving a response. This holds for all faculty absences. In the event of inclement weather, the faculty may offer virtual lessons

# **REFUND POLICY:**

Prior to the start of lessons, classes or ensembles, a refund of 100% minus the \$30 registration fee can be issued. **After 2 weeks, there will be NO REFUNDS.** Please email DSM for refund information if needed.

# **Conflict of Interest Policy**:

A conflict of interest exists in any situation in which a person having official responsibilities for DSM is empowered to make decisions on behalf of the Organization and who, as a result of that authority, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with the Organization.

Board members, staff, faculty, and others acting on behalf of DSM have an obligation to avoid conflict, or any appearance of conflict, between their personal interests and the interest of the Organization in dealing with any agency or individual having, or seeking to have, any business relations with DSM, or any agency or individual whose objectives or interests may be adverse to the specific interests of DSM. Board members, staff, faculty, and others acting on behalf of DSM have an additional obligation to disclose to the Organization all actual or potential conflicts of interest.

## **Expense Reimbursements and Use of Tax Exempt Number:**

As a non-profit organization, DSM is not required to pay Massachusetts sales tax on applicable purchases. To identify this status, the state government provides the organization with a tax exempt number which is to be presented to vendors at the time of all applicable sales transactions. Personnel making purchases for the Organization are responsible for obtaining a copy of the tax exempt certificate prior to the purchases as sales tax will not be reimbursed at the time the expense is submitted. Personal use of the DSM tax exempt number is **strictly prohibited** and may result in disciplinary action or termination.

All expenses that are generated in a given fiscal year must be submitted for reimbursement within 60 days of the expense date. Please use the Expense Form and submit to the ED or Treasurer for reimbursement. Any expense over \$50 must have prior approval from ED or Finance Chair. See Addendum A for expense form.

## **Harassment Policy:**

DSM commits itself to maintaining a welcoming environment for everyone regardless of race, ethnic or national origin, religion, color, gender, marital or parental status, veteran status, disabilities, sexual orientation, or age. In participating or working or volunteering at DSM in any program or in any capacity, an individual agrees to share these commitments in the performance of assigned duties and responsibilities.

DSM rejects all forms of harassment, wrongful discrimination and disrespect. It has developed a no-tolerance policy to respond to incidents of harassment whatever the basis or circumstance.

DSM understands the importance of an environment that is free of harassment or any other unreasonable interference with the performance of its Board members, staff, faculty, students, and volunteers. While the Organization encourages self expression, it expects that the exercise of self expression will respect the rights of others. In such a setting there is no place for conduct that diminishes, uses, or abuses another person. For these reasons, harassment of any kind is unacceptable within DSM.

Harassment may occur in numerous forms, many of which are also violations of federal and state laws, including but not limited to verbal or physical conduct that creates a hostile, intimidating, or offensive working environment or interferes with an employee's ability to perform his or her job; unwelcome sexual advances or requests for sexual favors; offensive or derogatory comments made to a person, either directly or indirectly, based on race, color, sex, religion, age, gender, disability, sexual orientation, or national origin.

## **Whistleblower Policy:**

If any involved party reasonably believes that some policy, practice, or activity of DSM is in violation of the law, a written complaint must be filed by that party with a Board officer. It is the intent of DSM to adhere to all laws and regulations that apply to the Organization and the underlying purpose of this policy is to support the Organization's goal of legal compliance. The support of all parties is necessary to achieve compliance with various laws and regulations. An involved party is protected from retaliation only if the party brings the alleged unlawful activity, policy or practice to the attention of DSM and provides DSM with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to parties that comply with this requirement.

DSM will not retaliate against a party who, in good faith, has made a protest or raised a complaint against some practice of DSM, or of another individual or entity with whom DSM has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy. DSM will not retaliate against parties who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of DSM that the party reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

# **Policy on Developing New Programming:**

Current faculty and staff will be asked to offer classes, lessons, ensembles, prior to seeking faculty outside of DSM.

Current faculty and staff will have first right of refusal for Programs developed by administrators.

Salaries will be based on programs and ensembles and not the faculty hourly lesson rate.

# **Accrual of Sick Time:**

All employees of the Dedham School of Music shall be eligible to accrue and use paid sick time.

Sick time accrues at the rate of **one (1) hour for every thirty (30) hours worked** per benefit year, up to a maximum of 40 hours. The benefit year is July 1 through June 30.

For accrual purposes, exempt employees will be assumed to work 40 hours per week, unless they are normally scheduled to work fewer than 40 hours, in which case earned sick time accrues based on their regular schedule.

# **Use of Sick Time:**

Employees may use up to 40 hours of accrued sick time per benefit year. Accrual of sick time begins on the employee's first date of actual work, but employees may not use such earned sick time until 90 calendar days after their start date.

Sick time is provided to allow employees to:

- 1. Care for the employee's own physical or mental illness, injury, or other medical condition that requires home, preventative, or professional care;
- Care for a child, parent, spouse, or parent of a spouse who is suffering from a physical or mental illness, injury, or other medical condition that requires home, preventative or professional care;
- attend routine medical and dental appointments for themselves or for their child, parent, spouse, or parent of a spouse;
- 4. Address the psychological, physical, or legal effects of domestic violence; or
- 5. Travel to and from an appointment, a pharmacy, or other location related to the purpose for which the time was taken.

Use of sick time for other purposes is not allowed and may result in an employee being disciplined.

Employees may not use sick time if the employee is not scheduled to be at work during the period of use. An employee may not accept a specific shift assignment with the intention of calling out sick for all or part of that shift.

Earned sick time may be used for full or partial day absences. The smallest amount of sick time that an employee can take is 30 minutes.

Up to 40 hours of unused sick time may be carried over into the following benefit year.

# **Absence Notification Procedures:**

If an employee needs to be absent, to be late or to leave work early (for purposes that are permissible under the earned sick time law), the employee must give advance notice to his or her supervisor, except in an emergency.

If the absence is foreseeable (for example, if the employee will be absent to attend a previously scheduled appointment), the employee must provide up to seven days' advance notice, unless the employee learns of the need to use earned sick time within a shorter period of time.

If the absence is not foreseeable, the employee must provide notice to his or her supervisor at least 24 hours before the start of the employee's shift. If 24 hours' notice is not reasonable due to an accident or sudden illness, notice must be provided as soon as practicable.

If an employee is going to be absent on multiple days, the employee or the employee's surrogate (e.g., spouse, adult family member or other responsible party) must provide notice of the expected duration of the leave or, if unknown, provide notice of continuing absence on a daily basis, unless the circumstances make such notice unreasonable.

# **Documentation of Use of Sick Time:**

The Dedham School of Music will generally require an employee to submit a doctor's note or other documentation to support the use of sick time if the absence:

- 1. exceeds 24 consecutively scheduled work hours or three consecutive days on which the employee is scheduled to work;
- 2. occurs within two weeks prior to an employee's final scheduled day of work (except in the case of temporary employees); or
- 3. occurs after four unforeseeable and undocumented absences within a three month period.

Required documentation must be submitted within seven days of the absence. Additional time will be allowed for good cause shown.

If an employee fails to timely comply with the sick time law's documentation requirements, the Dedham School of Music may recoup the sick time paid from future wages.

# **Company Expectations Regarding Attendance:**

Employees should remember that regular, reliable attendance and timeliness is expected. If a faculty member is unable to attend, they must notify all of their students

and get a response as soon as possible and notify the office staff if they have not heard from a student. We do this to ensure the safety of our students so that no one is dropped off to a lesson without a faculty member present.

# **Payout of Sick Time:**

Sick time is not payable on termination of employment.

Please see next page for the DSM RELEASE and AGREEMENT FORM

# **Dedham School of Music - RELEASE AND AGREEMENT FORM**

| If the registrant is under 18 years of age, the parent/guardian of the registrant must also sign the releases below.   |                                |  |  |  |
|--|--------------------------------|--|--|--|
|  |                                |  |  |  |
| PROGRAM, PHOTO AND NAME RELEASE  DSM plans to publish a program for recitals. A registrant's name will be list registration forms. DSM might take photos of participants that might appear on the DSM website for promotion, advertising, and education of its participants. | ear in newspapers, posters, or |  |  |  |
| $\hfill YES, I grant permission to publish the registrant's name in the DSM progihe registrant as described above.$  | rams and to include photos of  |  |  |  |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $   | ams. Do not use photos of the  |  |  |  |
| Signature ( <i>parent/guardian if under 18</i> )   |                                |  |  |  |
| Date   |                                |  |  |  |
|  |                                |  |  |  |
|  |                                |  |  |  |
| DSM Student and Staff AGREEMENT  |                                |  |  |  |
| I have read and acknowledged understanding of all the DSM rules and police reviewed the schedule and understand my attendance obligations. I also a the <b>No Smoking</b> and the <b>Zero Tolerance Regarding Drugs and Alcoh</b>  | cknowledge understanding of    |  |  |  |
| I have reviewed the schedule of lessons and/or rehearsals.   |                                |  |  |  |
|  |                                |  |  |  |
| Parent/Guardian Signature (if student is under 18)   | Date                           |  |  |  |
| Student Signature  | Date                           |  |  |  |
| I understand attendance policy regarding lessons and/or rehearsals:  |                                |  |  |  |
| Parent/Guardian Signature  | Date                           |  |  |  |
|  |                                |  |  |  |
| Student Signature  | Date                           |  |  |  |

# **HEALTH AND EMERGENCY GUIDELINES**

<u>Health and Emergency Fact Sheet</u> (Complete the form on the next page.)

This form must be submitted before the first lesson, class or ensemble. Any allergies, medications, physical limitations and medical conditions must be documented. A First Aid kit is available for minor injuries. In the event of injury or illness, we will call the emergency contact listed. This information is critical.

SEE NEXT PAGE FOR THE DSM EMERGENCY FACT SHEET

## DEDHAM SCHOOL OF MUSIC 2025/2026 - EMERGENCY FACT SHEET

This form constitutes a permission statement which must be signed by each participant or a parent or guardian (if under age 18). The completed form must be returned to Dedham School of Music before the first day of attendance. All the information contained in the health report is considered confidential and will be used only for the purpose of evaluating your daughter's/son's health status and facilitating medical diagnosis, care, and/or treatment for her/him in the event of a medical emergency. This health record page must be completed and signed. PLEASE BE ACCURATE AND COMPLETE!

| Registrant's name:                    |                  |            |                            |           | Birth date:                     |  |  |
|---------------------------------------|------------------|------------|----------------------------|-----------|---------------------------------|--|--|
| Last                                  |                  | First      | M.I.                       |           |                                 |  |  |
| Address:                              |                  |            |                            |           | Phone:                          |  |  |
| Street                                | City             | State/Z    | ip                         |           |                                 |  |  |
| Registrant resides with (circle one): | Both parents     | Father     | Mother                     | Other     |                                 |  |  |
| Parent 1/Guardiai                     | n's Information  | 1          |                            |           | Parent 2/Guardian's Information |  |  |
| Name                                  |                  |            | _ N                        | Name      |                                 |  |  |
| Phone (w)                             |                  |            | _ P                        | hone (w   | ·)                              |  |  |
| cell                                  |                  |            | -                          | cell      | I                               |  |  |
| E-mail                                |                  |            |                            | E-mail    |                                 |  |  |
| Emergency Contact (if parents can     | not be reached)  | :          |                            |           |                                 |  |  |
| Name                                  |                  |            | . P                        | hone(s)   |                                 |  |  |
|                                       |                  |            |                            | cell      |                                 |  |  |
| Name                                  |                  |            | . P                        | hone(s)   |                                 |  |  |
|                                       |                  |            |                            | cell      |                                 |  |  |
|                                       | INSURANC         |            |                            |           |                                 |  |  |
| •                                     |                  | •          |                            |           | I (front and back) OR:          |  |  |
| Name of insurance co. and policy ho   | older            |            |                            |           |                                 |  |  |
| Policy number                         |                  |            | Authorization phone number |           |                                 |  |  |
| Doctor                                |                  |            | Phone                      |           |                                 |  |  |
| Medical conditions/issues or special  | needs that may   | limit phys | ical partici               | pation (c | check here if NONE □):          |  |  |
| List all known allergies (food, medie | cations, environ | ment) and  | reactions (                | check he  | ere if NONE □):                 |  |  |
| Current medications (check here if N  | NONE □):         |            |                            |           |                                 |  |  |
|                                       |                  |            |                            |           |                                 |  |  |
|                                       |                  |            |                            |           |                                 |  |  |
| Date of last TETANUS (TdaP, DTP       | , or DTaP) shot  | - DO NO    | Γ LEAVE E                  | BLANK     | (month/year)                    |  |  |

# EMERGENCY FACT SHEET

Page 2

| Any IMPORTANT INFORMATION we should know, in addition to what you have listed? Use back if necessary.   |
|---|
| PERMISSION FOR MEDICAL CARE   |
| I hereby grant permission to DSM to obtain emergency care with appropriate medical physicians and/or facilities for my (son, daughter, ward). |
| Signature of participant or parent/guardian (if under age 18)   |
| Relationship to participant   |
| Date  |

## **Payroll**

Faculty are responsible for inputting their hours via the QuickBooks online portal or via email to our bookkeeper@dedhamschoolofmusic.org. Reminders are sent via email from the ED. Payroll is due the 2nd and last Friday of the month by 5pm.

Each entry should indicate:

- a) student/class taught duration of lesson
- b) duration of lesson
- c) week class taught (ie Week/Lesson #5 of 17)
- d) date of lesson

If a class is canceled or rescheduled, make a note of it in payroll, but do not log duration until a makeup has been taught.

## **Document Retention and Destruction Policy (DRDP):**

The records of DSM are important to the proper functioning of the Organization. Our records include virtually all of the records you produce as an involved party. Such records can be in electronic or paper form.

The goals of this DRDP are to:

- 1. Retain important documents for reference and future use;
- 2. Delete documents that are no longer necessary for the proper functioning of DSM.
- 3. Organize important documents for efficient retrieval; and
- 4. Ensure what documents should be retained, the length of their retention, means of storage, and when and how they should be destroyed.

Federal and state laws require DSM to maintain certain types of records for particular periods. Failure to maintain such records could subject DSM to penalties and fines, obstruct justice, spoil legal evidence, and/or seriously harm DSM's position in litigation.

Records refers to all business records of DSM and is used interchangeably with documents including written, printed, and recorded materials as well as electronic records. All business records shall be retained for a period no longer than necessary for the proper conduct and functioning of DSM. No business records shall be retained longer than seven (7) years, except those that (1) have periods provided for herein, (2) are in the Document Retention Schedule, found below or (3) Are specifically exempted by DSM's Board of Directors.

### Types of Records:

Below is a list of several categories of records, as well as specific records that contain specific retention periods. This is referred to as a Document retention Schedule (DRS). All records not

provided for in the DRS or described herein, shall be classified into three types, 1. Temporary Records. 2. Final Records, and 3. Permanent Records.

## Temporary Records:

Temporary records include all business documents that have not been completed. Such include, but are not limited to memoranda drafts, reminders, to-do lists, and report drafts. Temporary records can be destroyed, or permanently deleted if in electronic form, when a project closes. Upon the closing of a project, gather and review all such temporary records. Make sure you have final records before deletion or destruction and organize the final records in a file either in paper or electronic form.

#### Final Records:

Final records include all business documents that are not superseded by modification or addition. Such include, but are not limited to: documents given or sent via electronic form, to any third party not directly involved with DSM or a government agency, final memoranda and reports, correspondence, cost estimates, etc. All accounting records shall be deemed final. Except as provided for in the DRS, all final documents are to be discarded ten (10) years after the close of a project.

#### Permanent Records:

Permanent records include all business documents that define DSM's scope of work, expressions of professional opinion. Such include but are not limited to: contracts, proposal, materials referencing expert opinions, annual financial statements, federal tax returns, and payroll registers. Except as provided for in the DRS, all permanent documents are to be retained indefinitely.

### Accounting and Corporate Tax Records:

Accounting and corporate tax records include, but are not limited to: financial statements, ledgers, audit records, invoices and expense records, federal and state tax returns, payroll, accounting procedures, gross receipts, customer records, purchases, etc. Unless otherwise specified in the DRS, such records should be retained for the minimum of seven (7) years or until the statute of limitations for a particular record expires.

### Workplace Records

Workplace records include, but are not limited to: articles of Incorporation, bylaws, meeting minutes, deeds and titles, leases, policy statements, contracts and agreements, etc. Unless otherwise specified in the DRS, such records should be retained in perpetuity.

#### Employment, Employee, and Payroll Records:

Employment records include, but are not limited to: job announcements and advertisements, employment applications, background investigations, resumes, and letters of recommendation

of persons not hired, etc. Unless otherwise specified in the DRS, such records should be retained for the minimum of one (1) year.

Employee records include, but are not limited to: employment applications, background investigations, resumes, and letters of recommendation of current and past employees, records relating to current and past employees' performance reviews and complaints, etc. Unless otherwise specified in the DRS, such records should be retained for the minimum of three (3) years following unemployment with DSM.

Payroll records include, but are not limited to: wage rate tables, salary history, current rate of pay, payroll deductions, time cares, 1099 forms, bonuses, etc. Unless otherwise specified in the DRS, such records should be retained for the minimum of seven (7) years.

#### Bank Records

Bank records include, but are not limited to bank deposits, check copies, stop payment orders, bank statements, check signature authorizations, bank reconciliations, etc. Unless otherwise specified in the DRS, such records should be retained for the minimum of three (3) years.

### Legal Records

Legal Records include, but are not limited to: all contracts, legal records, statements, and correspondence, personal injury records and statements, press releases, public findings, etc. Unless otherwise specified in the DRS, such records should be retained for a minimum of ten (10) years.

#### Historical records

Historical records are those that are no longer of use to DSM, but by virtue of their age may be of historical interest or significance to the organization. Historical records should be retained indefinitely.

#### Storage:

#### Tangible records

Tangible records are those in which you must physically move to store, such as paper records, photographs, audio recording, advertisements and promotional items. Active records and records that need to be easily accessible may be stored where it is accessible to involved parties.

### Electronic Records

Electronic mail and files should be stored as a tangible record on the shared DSM drive or downloaded to a computer file and kept electronically.

## **Destruction/Deletion**

### Tangible Records

Tangible records should be destroyed by shredding or some other means that will render them unreadable. All emergency/health fact sheets collected from students, staffandBoard members and volunteers must be destroyed immediately following the completion of their time at DSM.

#### Electronic Records

Electronic records should be destroyed by deleting files and emptying the trash/recycling bin. Where duplicate records are involved, both copies must be destroyed/deleted.

#### Cessation of Record Destruction/Deletion

If a lawsuit is filed or imminent, or a legal document request has been made upon DSM, all record destruction must cease immediately. DSM may suspend this DRDP to require that documents relating to the lawsuit or potential legal issue(s) be retained and organized. Failure to follow this protocol may subject DSM to fines and penalties, among other sanctions.

#### **Document Retention Schedule:**

Type of record and suggested retention period:

# **Accounting Records:**

**Annual Financial Statements:** Permanent General Ledger: 20 years **Annual Audit Records:** 10 years **Special Reports:** 8 years Canceled Checks: 8 years A/P Paid Invoices: 8 years A/R invoices: 8 years **Business Expense Records:** 8 years **Accounts Payable:** 7 years Accounts Receivable: 7 years **Audit Reports:** 7 years **Expense Records:** 7 years **Inventory Records:** 7 years

Loan Documents: 7 years after final payment or loan forgiveness

Purchase Orders: 7 years
Sales Records: 7 years
Credit Card Receipts: 3 years
Monthly Financial statements: 3 years
Cash Receipts: 3 Years
Stop payment Orders: 3 years
Bank Reconciliations: 3 years

## Tax Records:

Annual Tax Returns: Permanent

State and Local Tax Returns: Permanent Form 990 and Permanent

supporting documents

Payroll Taxes(W2s) Permanent

Payroll Taxes (Form 941,

State withholding, unemployment 8 years 1099 Forms 8 years Unclaimed property Filings 6 years Taxes Supporting Documentation 4 years

#### **Insurance Records**

Policies permanent Claims for loss/damage, accident reports 5 years

## **Legal Records**

Personal injury records 8 years

Leases 6 years after termination

Litigation Claims 5 years following close of case

Deposition Transcripts 5 years

## **Workplace Records**

Incorporation, reorganization, and Bylaws Permanent
Meeting Minutes Permanent
Policy Statements 10 years

### Payroll Records

Earnings Records 8 years
Salary Changes or Adjustments 8 years
Canceled Payroll Checks 8 years
Wage and Salary information 6 years
Wage Rate Tables 3 years

### Personnel Records

Employment and Termination Agreements Permanent Accident Reports 6 years

Disciplinary Warning, Discharges 5 years following employment Promotions, Raises, Job Descriptions 5 years following employment

Employee Resumes 3 years

Evaluations 3 years following employment Employment Applications (hired) 3 years following employment

Employment Applications (not hired) 1 year

Addendum A on next page

# Addendum A

# **Expense Request for Reimbursement**

| Name:                          | Date: |  |
|--------------------------------|-------|--|
| Item:                          |       |  |
|                                |       |  |
|                                |       |  |
|                                |       |  |
| Date of Purchase:              |       |  |
|                                |       |  |
|                                |       |  |
| Purpose of Purchase:           |       |  |
|                                |       |  |
|                                |       |  |
|                                |       |  |
| For Office use only:           |       |  |
| Date expense paid to employee: |       |  |
| Amount Paid:                   |       |  |