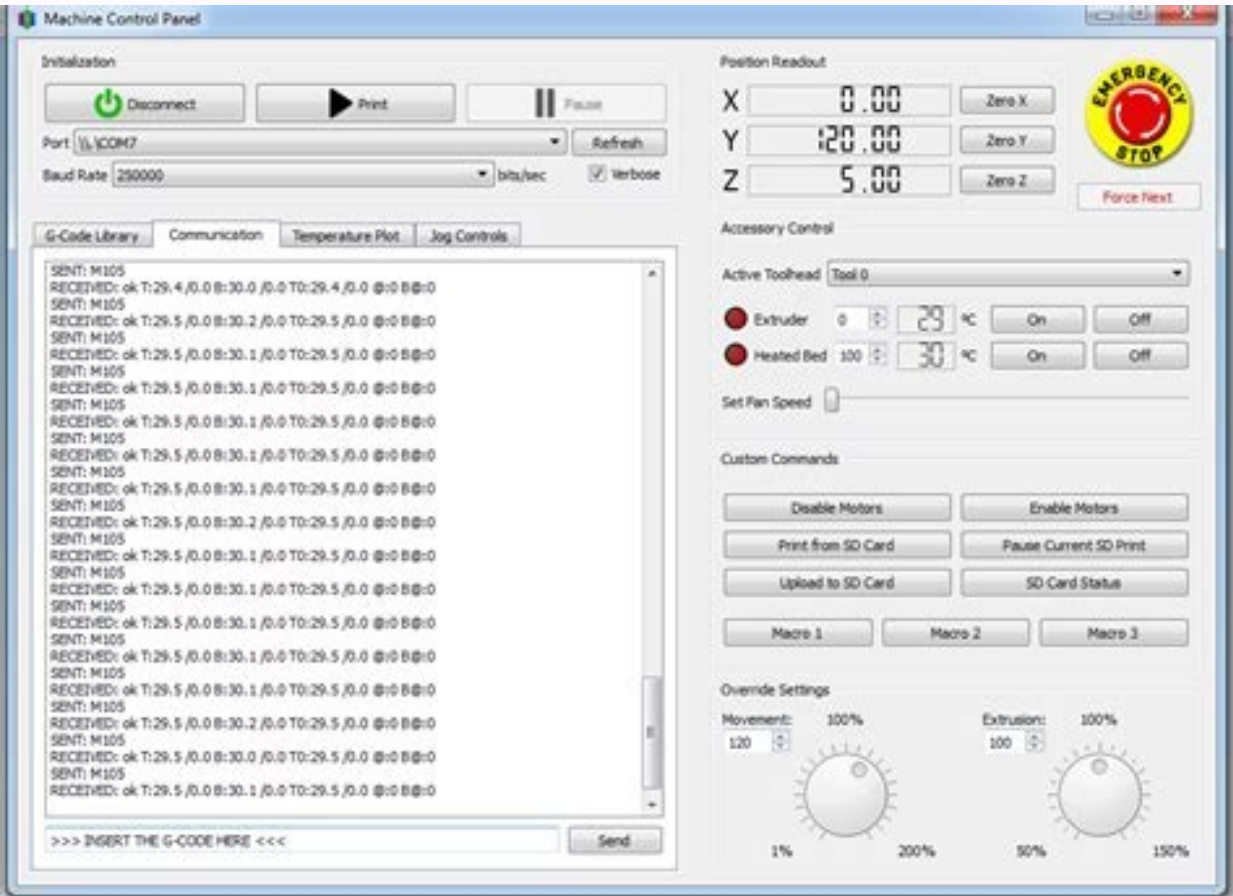


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Non Profit Chart of Accounts

Account Name	FS	Group	Code	Debits	Credits
Pension costs	SA	Salaries & related expenses	7230	Increase	Decrease
Employee benefits - not pension	SA	Salaries & related expenses	7240	Increase	Decrease
Payroll taxes, etc.	SA	Salaries & related expenses	7250	Increase	Decrease
Accounting fees	SA	Contract service expenses	7520	Increase	Decrease
Legal fees	SA	Contract service expenses	7530	Increase	Decrease
Professional fees - other	SA	Contract service expenses	7540	Increase	Decrease
Rent	SA	Facility & equipment expenses	8210	Increase	Decrease
Occupancy costs	SA	Facility & equipment expenses	8215	Increase	Decrease
Utilities	SA	Facility & equipment expenses	8220	Increase	Decrease
Equipment rental & maintenance	SA	Facility & equipment expenses	8260	Increase	Decrease
Depreciation	SA	Facility & equipment expenses	8270	Increase	Decrease
Depreciation and amortization	SA	Facility & equipment expenses	8270	Increase	Decrease
Travel	SA	Travel & meetings expenses	8310	Increase	Decrease
Conferences, conventions, meetings	SA	Travel & meetings expenses	8320	Increase	Decrease
Interest	SA	Other expenses	8510	Increase	Decrease
Insurance	SA	Other expenses	8520	Increase	Decrease
Membership dues	SA	Other expenses	8530	Increase	Decrease
Staff development	SA	Other expenses	8540	Increase	Decrease
Outside computer services	SA	Other expenses	8560	Increase	Decrease
Advertising expenses	SA	Other expenses	8570	Increase	Decrease
Contingency provisions	SA	Other expenses	8580	Increase	Decrease
Other expenses	SA	Other expenses	8590	Increase	Decrease
Bad debt expense	SA	Business expenses	8610	Increase	Decrease
Sales taxes	SA	Business expenses	8620	Increase	Decrease
Taxes - other	SA	Business expenses	8650	Increase	Decrease

SFP = Statement of Financial Position (Balance sheet)
SA = Statement of Activities (Income statement)



ORIENTATION CHECKLIST

Associate's Name:	Date of Hire or Transfer:
Assigned Department (For New Hires/Returning Employees):	
Previous Department (For Transferred Employees):	New Department:
Position:	Supervisor/Manager:

General Information

Completed by:

☐ Tour of the facility

☐ Copy of job description

☐ Office keys/ Access Codes

☐ Parking

☐ Lockers

Daily Schedule

☐ Hours of work

☐ Shifts

☐ Lunch and break periods

Job Specific Safety Training (Managers/Supervisors)

☐ Safety device training (if applicable)

☐ Demonstration of safe way to do the job

☐ Safe job procedures and job specific hazards

☐ Reporting unsafe equipment or conditions

Copies of these procedures must be provided to the associates.

Safety Procedures as applicable (Managers/Supervisors)

☐ Emergency Evacuation Procedures

☐ PPE Policy

☐ Lockout Procedures specific to assigned machines

☐ Handling, storage and disposal of chemicals

Copies of these procedures must be provided to the associates.

ACKNOWLEDGMENT:

Being a newly hired, returning or transferred employee of organization, I have been provided and understood all the pertinent information as outlined above, I hereby agree to comply with these procedures and understand that any deviation from company policies and procedures will result in disciplinary actions.

Associate's Signature

Date

TRAINING ADMINISTERED BY:

Department Manager/Supervisor's signature

Date



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