

CONTRACT OF EMPLOYMENT

This statement dated 2nd December 2019 meets the requirements of the Employment Rights Act 1996. It is the Statement of Initial Employment Particulars relating to the Contract of Employment of the person named below and supersedes any previous such statements or contracts.

Name of Employee: *Mark Reading-Jones*
Name of Employer: **JMS Specialist Joinery Limited**
Address of Employer: Kineton Road Industrial Estate
Southam
Warwickshire
CV47 0NA

Start date: **02/12/2019**

Job title: **Joiner**

The Company may from time to time require you to undertake additional or other duties as necessary to meet the needs of the business on a short term basis e.g. holiday or sickness cover.

Probationary period

New employees join the Company on a three month probationary period.

During and/or at the end of your probationary period you may be asked to attend employment reviews to discuss your overall work performance. Absence, timekeeping and general attitude may also be taken into account. If the Company is satisfied that you have reached the required standards your permanent status will be confirmed.

If you have not reached the required standards, your employment will be terminated with the required notice.

The Company reserves the right in borderline cases to extend the probationary period, in the hope that a further period will enable you to reach the required standard. A subsequent employment review will be held and a decision made. Your employment will then either be confirmed or terminated with the required notice.

Continuous employment

The date on which your continuous employment began is the same as shown above.

Place of work

Your normal place of work is at the address shown above.

You may be required to work in other locations to meet the needs of the business.

You will not be required to work outside the UK.

Pay arrangements

Your rate of pay is £12.50 an hour.

Payment is made weekly, in arrears, directly into your bank/building society on the Friday of each week.

If a mistake is made in the payment of any monies due, the Company expects to be notified immediately. The error will normally be corrected at the next available opportunity.

Other payments and benefits

Overtime rates: Monday to Friday the first 2.5 hours worked after 4.30 pm in addition to your normal working hours is paid at time and a half, thereafter double time;
Saturdays, up to 4.30 pm is paid at time and a half, thereafter double time;
Sunday, double time

Overtime will be calculated on a daily basis, but overtime premium rates will not be payable until the normal hours (40) have been worked in the pay week unless the short time is authorised by the employer on compassionate or other grounds or is a certified absence due to sickness or injury.

Employee Accident Cover: The Company provides Employee Accident Cover in respect of your employment. Full details are available from the Finance Manager.

Employee Life Cover: The Company provides Employee Life Cover in respect of your employment. Full details are available from the Finance Manager.

Hours of work

Your normal hours of work are 8.00 am to 4.30 pm, Monday to Friday, with an unpaid break of 30 minutes and a 20 minute paid tea break, to be taken as directed by Management. These normal hours of work may be varied to meet the needs of the business.

You may be required to work a reasonable amount of overtime hours as directed by the Company. This may include the need to work shifts, unsocial hours and weekends.

Clocking in and out

If your working time is recorded by time clock you must observe the Company procedures on clocking in and out whilst on the premises during working hours.

If you leave the premises during working hours you must clock out when leaving and clock in upon return. In the interests of health and safety, you must notify your Line Manager if you need to leave the premises for any reason during working hours.

You must not clock another employee in or out under any circumstances. Failure to adhere to this procedure will result in disciplinary action.

Holiday entitlement

The holiday year runs from 1st January to 31st December. You are entitled to 20 days' holiday a year calculated at the rate of 1/52nd of the annual entitlement for each complete week of service remaining in the current holiday year.

During your first year of service, however, your entitlement to take holidays will accrue on the first day of each month of that year at the rate of 1/12th of the annual entitlement. Where the current accrual includes a fraction of a day other than a half-day, the fraction will be treated as a half-day if it is less than a half-day and as a whole day if it is more than a half-day.

You are required to reserve up to four days of holiday to take during the Christmas/New Year period.

After 5 years service with the company you will start to accrue 1 extra day's holiday per year of service up to a maximum of 25 days per year.

In addition to your holiday entitlement you may take and be paid for the bank/public holidays each year.

The bank/public holidays are: New Year's Day, Good Friday, Easter Monday, the first Monday in May, the last Monday in May, the last Monday in August, Christmas Day and Boxing Day, or such other days as may be substituted.

Part-time employees are entitled to pro-rata holidays.

A more detailed explanation is contained in the Employee Handbook.

Holiday pay

Payment for holidays will be at your normal basic rate under your terms and conditions of employment for your normal hours of work.

On termination of employment holidays will be calculated in proportion to the full entitlement. If you have taken less than this entitlement the surplus holiday pay will be added to your final pay. If you have taken more than this entitlement the excess holiday pay will be deducted from your final pay.

Sickness absences

The Company is required to pay Statutory Sick Pay for certain periods of sickness absence. Payment may be made to eligible employees for periods of absence of four days or more. There is a maximum period of 28 weeks payment in one period of incapacity for work.

A more detailed explanation is contained in the Employee Handbook.

Disciplinary procedure and rules

Should your conduct or performance fall below the standards required then disciplinary action may be taken. This procedure is designed to help and encourage employees to achieve and maintain the Company's standards of conduct and performance and should be looked upon as a corrective process.

A more detailed explanation of the procedure and rules is contained in the Employee Handbook.

Disciplinary appeal procedure

You have the right to appeal at any stage in the disciplinary procedure if you are dissatisfied either with a disciplinary decision made against you or the level of penalty imposed. You should do this in writing to a Director who has not previously been involved in the disciplinary process within five days of receiving your confirmation of discipline letter.

A more detailed explanation of the procedure is contained in the Employee Handbook.

Grievance procedure

If you have any grievance relating to your employment, you should raise it with your Line Manager in the first instance. If you want the grievance to be dealt with formally, you must raise it in writing.

A more detailed explanation of the formal procedure is contained in the Employee Handbook.

Pension scheme

The Company operates a pension scheme through Aviva and you will be enrolled into this scheme if there is a legal requirement to do so under the current pensions legislation. If you are not automatically enrolled into the scheme you may still be entitled to join. Further details will be provided separately.

Collective agreements

There are no collective agreements directly affecting your terms and conditions of employment.

Notice periods

Notice period to be given by the employee to the employer

Less than one month's service – nil.

One month's service or more – one week's written notice to the employer.

Notice period to be given by the employer to the employee

The Company has the right to serve notice of termination of your employment at any time in accordance with the notice provisions below.

Less than one month's service – nil.

One month's service but less than two years – one week.

Two years' service or more – one week for each complete year of service up to a maximum of 12 weeks.

General

If you leave without giving and working your full notice, any additional cost in covering your duties during the notice period not worked will be deducted from any termination pay due to you.

The Company may require you to take some or all of any outstanding holiday entitlement that you may have during your notice period.

Pay in lieu of notice

It is agreed that the Company may terminate your employment with immediate effect on notification that a payment in lieu of notice is to be made to you. You shall not be entitled to any benefit other than pay or money in lieu of such benefits in respect of any period for which payment in lieu is to be made.

Garden leave

The Company reserves the right to require you to remain away from your place of employment for all or part of your notice period, with or without work, whether you or the Company gives notice. You must accept that whilst still employed by the Company on notice either at home or on the Company's premises you must not work for any other company, firm, person or business.

Lay off/short time working

The Company reserves the right to lay off employees or to introduce short-time working should this be required by a downturn in work or other needs of the business.

A more detailed explanation of the procedure is shown in the Employee Handbook.

Confidentiality

During the course of your employment you will be party to information concerning the Company, its products and customers. Such information is to be regarded as strictly confidential. You may not disclose or discuss with any other person outside the Company information relating to its business including product information or matters relating to security. Any breach of this condition will render you liable to disciplinary action, which may result in dismissal.

Non-solicitation agreement

You shall not for a period of six months from the termination of your employment (and whether directly or indirectly solely or jointly and whether on your own behalf or on behalf of any other person, firm or company), solicit, endeavour to entice or accept the custom of any person who at any time during the period of 12 months prior to the

termination of your employment has been a customer or client of the Company and with whom you had business dealings on behalf of the Company, where such solicitation enticement or acceptance of custom relates to the provision of services similar to those which are, could be, or have been, provided by the Company.

You shall not for a period of six months from the termination of your employment have any business dealings with or act for or provide services to or be employed by any customer or client who at any time during the period of 12 months prior to the termination of your employment has been a customer or client of the Company.

You shall not for a period of six months following the termination of your employment (either on your own behalf or for any other person, firm or company and whether directly or indirectly) approach any other employee of the Company who is at the termination of your employment employed as an employee or who has over 12 months continuous employment with the Company, with a view to encouraging him or her to leave the Company and/or employing him or her.

Conflict of interest

During your employment you will be expected to devote the whole of your working time and attention to the Company's business and to use your best endeavours to promote the Company's general interest.

If required to do so you must provide details of any relationships with any of the Company's customers or suppliers and comply with any reasonable instructions given to you by the Company on such relationships.

Other terms and conditions of employment

Any agreed amendments that materially alter the terms and conditions contained in your contract will be notified to you in writing and shall take precedence over the terms in this statement.

I have read, understood and am willing to abide by the terms and conditions laid down in the Employee Handbook and accept that they form an integral part of this Contract of Employment.

Issued by PAUL BENNETT (for Employer)

Signed [Signature]

Date 04/12/19

Received by MARK READING-SOWES (Employee)

Signed Mark Reading-Sowes

Date 05-12-19

Employee Handbook receipt

This Handbook has been drawn up by the Company to provide you with information on employment policies and procedures. It is important for you to read the Handbook carefully as this, together with your Contract of Employment, sets out your main terms and conditions of employment.

The information covers a wide range of subjects relating to your employment and in the event that information in this Handbook conflicts with terms and conditions as stated in your Contract of Employment, the Contract will take precedence.

If you have any questions or any part of the Handbook is unclear to you, please do not hesitate to raise any queries with Management.

It is important that you do this before signing that you have read, understood and are willing to abide by all the Company's terms and conditions.

I acknowledge receipt of this Employee Handbook, which is the property of the Company, and which forms an integral part of my Contract of Employment.

Received byMARIE READING SONES..... (Employee)

SignedMarie Reading Sones.....

Date05-12-19.....



MEDICAL CONFIDENTIAL

To be completed by the Employee

To be Completed by the Employee

Please read the questions carefully and write your answers in ink, as accurately and fully as possible. This questionnaire and its contents are absolutely confidential.

SURNAME: READING-SONES

FORENAMES: MARK

Date of Birth: 24-03-1989

Age: 30

National Insurance Number: JC 48 91 84 A

Home Address:	173 CHURCH ROAD NUNEATON Postcode: CV10 8LQ Telephone No: 07845125764		
Next of Kin:	KATE CUNNINGHAM	Relationship:	GIRLFRIEND
Next of Kin Address:	SAME AS ABOVE Postcode: Telephone No: 07780 001861		
Name of Family Doctor (GP):			
GP Address:	OLD MILL SURGERY MARLBOROUGH ROAD NUNEATON Postcode: CV11 5PQ Telephone No: 02476382554		

Please read the questions carefully and write your answers in ink, as accurately and fully as possible. This questionnaire and its contents are absolutely confidential.



MEDICAL CONFIDENTIAL

**Health Surveillance Questionnaire (Initial) for Persons
who will be working with Known Respiratory Sensitizers and/or Skin Sensitizers**

To be completed by the Company

COMPANY: JMS

JOB TITLE: JOINER

EMPLOYEE'S SURNAME: READING - JONES

EMPLOYEE'S FORENAMES: MARK


Substances are in use in this workplace which have been known to cause:

- allergic chest problems.
- skin disease or adverse effects on the skin.

Following risk assessment under Regulation 6 of the Control of Substances Hazardous to Health Regulations (COSHH), management have decided to carry out a programme of pre-exposure and periodic health surveillance in accordance with Regulation 11(2) (b) of COSHH.

In some cases, further advice may be required from the company occupational health adviser.

I understand that a programme of health surveillance is necessary in this employment and will form part of my management health record.

Signature of Employee:  Date: 5-12-19

Signature of Responsible Person: Date:

Referred for further investigation?

☐ Yes

☐ No



MEDICAL CONFIDENTIAL

Part 1 - INITIAL HEALTH SURVEILLANCE QUESTIONNAIRE (Respiratory)

SURNAME: *RENDINA-SONES*

FORENAMES: *MARK*

	No	Yes
Do you believe that your chest has suffered as a result of any previous employment?	<i>/</i>	
Do you have, or have you ever had any of the following? (Do not include isolated colds, sore throats or flu)	No	Yes
1.1 Recurring soreness of or water of eyes	<i>/</i>	
1.2 Recurring blocked or running nose	<i>/</i>	
1.3 Bouts of coughing		<i>/</i>
1.4 Chest tightness		<i>/</i>
1.5 Wheezing		<i>/</i>
1.6 Breathlessness	<i>/</i>	
1.7 Any other persistent chest problems		

Part 2 - INITIAL HEALTH SURVEILLANCE QUESTIONNAIRE (Skin)

	No	Yes
Do you believe that your skin has been damaged as a result of any previous employment?	<i>/</i>	
Do you have, or have you ever had any of the following skin conditions?	No	Yes
Itching.	<i>/</i>	
Pain.	<i>/</i>	
Redness.		<i>/</i>
Soreness.		<i>/</i>
Swelling.	<i>/</i>	
Blistering.	<i>/</i>	
Cracked skin		<i>/</i>
Bleeding for no apparent reason.	<i>/</i>	
Has your past employment included contact with the following? Where the answer is YES, please give full details below, indicating the question number:	No	Yes
Chemical irritants - such as caustic soda, fresh mixed cement, acids, metals such as nickel or chromium, solvents, hydrocarbons.	<i>/</i>	
Chemical sensitizers - such as dyes and dye intermediates, photographic developers, rubber accelerators and antioxidants, insecticides, oils, resins, coal tar derivatives, explosives, plasticizers, rubber or leather gloves.	<i>/</i>	
Plants and their products - such as cinnamon, henna, primrose.	<i>/</i>	
Biological agents - such as grain, copra, scabies.	<i>/</i>	
Mechanical causes - such as cuts or abrasions followed by secondary infections, repeated trauma between tools and skin pressure points.	<i>/</i>	
Physical factors - such as heat causing skin softening, cold causing chilblain/frostbite, burns from fire, electricity, sun, ionizing radiation.	<i>/</i>	



Part 3 - INITIAL HEALTH SURVEILLANCE QUESTIONNAIRE (Vibration)

SURNAME:

FORENAMES:

	No	Yes
Have you ever used hand-held vibrating tools, machines or hand-fed processes in your job?	/	
If YES: (a) state year of first exposure (b) when was the last time you used them?	/	

	No	Yes
1. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	/	
2. Do you have tingling of the fingers at any other time?	/	
3. Do you wake at night with pain, tingling, or numbness in your hand or wrist?	/	
4. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?	/	
5. Have your fingers gone white* on cold exposure?	/	
6. If Yes to 5, do you have difficulty rewarming them when leaving the cold?	/	
7. Do your fingers go white at any other time?	/	
8. Are you experiencing any other problems with the muscles or joints of the hands or arms?	/	
9. Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars?	/	
10. Have you ever had a neck, arm or hand injury or operation? If so give details		/
11. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? If so give details:	/	
12. Are you on any long-term medication? If so give details:	/	

10. falling object hitting hand which resulted in a cut and stitches were required



Part 4 - ON-GOING HEALTH SURVEILLANCE QUESTIONNAIRE (Noise)

SURNAME: *READING JONES*

FORENAMES: *MARK*

Questions	YES	NO	Details
Do you wear a hearing aid?		<input checked="" type="checkbox"/>	
Do you have any trouble with your hearing?	<input checked="" type="checkbox"/>		<i>Right ear slightly deaf</i>
Have you ever attended your doctor with ear problems or hearing difficulties?	<input checked="" type="checkbox"/>		
Have you ever had a serious head injury?		<input checked="" type="checkbox"/>	
Do you suffer with vertigo or dizziness?		<input checked="" type="checkbox"/>	
Is there any deafness in your family?		<input checked="" type="checkbox"/>	
Do you suffer from noises or ringing in the ears?	<input checked="" type="checkbox"/>		
Have you had a recent cold or nasal congestion?		<input checked="" type="checkbox"/>	
Are you on any medication?		<input checked="" type="checkbox"/>	
Have you had measles / mumps/meningitis/scarlet fever?		<input checked="" type="checkbox"/>	
Have you had regular exposure to gunfire or explosions?		<input checked="" type="checkbox"/>	
Are you exposed to any activities/hobbies out of work that involve loud noises?		<input checked="" type="checkbox"/>	
Have you had a previous hearing test?	<input checked="" type="checkbox"/>		<i>Between the age of 5-10 at SJS a few years ago</i>
If you have had a previous hearing test, have any issues been identified?	<input checked="" type="checkbox"/>		<i>Slightly deaf in right ear</i>
Do you work in an area designated for the use of hearing protection?	<input checked="" type="checkbox"/>		<i>workshop</i>
Have you been issued with hearing protection?	<input checked="" type="checkbox"/>		<i>ear defenders</i>
Have you been instructed in the use of and maintenance of your hearing protection?			
What type of hearing protection have you been issued with?	<input checked="" type="checkbox"/>		<i>ear defender</i>
Do you use the hearing protection in designated hearing protection areas?	<input checked="" type="checkbox"/>		
Do you suffer from noises or ringing in the ears?	<input checked="" type="checkbox"/>		
Have you been working in a noisy environment in the last 48 hours?		<input checked="" type="checkbox"/>	



MEDICAL CONFIDENTIAL

To be completed by the company

No further action required

☐

Further action required

☐

Refer to company occupational health adviser

☐

Further Action Required:

I confirm that the responses given by me are correct and that I have received a copy of the completed questionnaire.

Signature of responsible person:

Date:

To be completed by the employee

Signature of employee:

And Redon

Date: 05-12-19