

Acknowledgement of Employee Handbook

We are glad to have you as a member of our team. As a team member at **OUR CARE IN HOME SERVICES**, you are an essential part of a team effort. We hope that you will find your position with the Company rewarding, challenging and productive. Every Employee has an important role in our operation, and we value the ability and experience you bring with you to the organization. You, and other Employees, are vital to the success. Our Employee Handbook provides guidance to our agency policies as follows.

Nature of Employment/Patient & Business Relations	Policy & Procedures Statement
Equal Employment Opportunity/ Non-Discrimination Policy	Corporate Compliance
Immigration Compliance and I-9 Form Compliance	Abuse & Neglect Policy
Introductory Period/Orientation Period	Non-Disclosure of Patient Healthcare Information/ HIPAA
Use and return of Company Property	Attendance & Punctuality Policy/Call out Policy
Complaint & Grievance & Policy Against Retaliation	PTO/Sick Day/Overtime/Holidays/Bereavement Leave/FLMA Leave of Absence
Conflict of Interest/ Standard of Business Ethics and Conduct	Jury Duty/Voting Time Off/Military Leave
Dress Code & Professional Image	Policy on Job Descriptions
Office Hours/On Call Hours & 24/7 Availability of an RN	Employment of relatives
Open Door Policy	Communication Methods (email, Tiger Connect Text, Bulletin Board)
Employee Classifications/Categories	Employee Health and Dental Coverage Eligibility and time frame to apply
Time recording/Time Sheet Submission/Mileage Reimbursement	Continuation of Health Coverage under COBRA
Expense Report and Receipts Submission	Safety in the Workplace/Non-Violence Workplace
Payroll/ Pay Periods/Payroll Deductions/Direct Deposit/Payroll Correction	PPE Availability and PPE for Safety and Infection Control Statement
Appropriate Conduct: <ul style="list-style-type: none"> • General Work Rule/Field Practice Statement • Discrimination & Harassment Policy • Rules of Conduct/ Prohibited Conduct • Sexual Harassment Policy • Drug & Alcohol Policy /Drug free workplace/Drug Testing Policy • Employee Responsibility/Reporting Misconduct Procedures • Receipt of gifts/ No Borrowing Money from Patient's, Families, Co-Workers/Theft & Embezzlement 	Emergency Plan/ Emergency Closings
	In-Services/Education
	Electronic Signature/ Password protection
	Information Management/Computer usage & Safety
	Termination of Employment/Voluntary resignation
	Workers Compensation /Reporting Procedure/Report of First Injury/ Approved Physician Panel
	Confidentiality and Protection of Protected Health Information

I acknowledge that I have received my personal copy of the Employee Handbook, agreeance with all privacy, HIPAA, field practice, compliance, policy, and procedure statements, and understand that I am responsible to read and adhere to all of its contents. I also understand that if I do not understand something that I will refer to the Handbook to seek guidance, as well as going to my direct supervisor or the agency Administrator for further information or clarification of all policies.

Employee Signature: _____ **Date:** _____

Agency Representative Signature: _____ **Date:** _____