



Employee Acknowledgment

Employee Name:

Date:

Topics Review

Please Initial Below

- OSHA
 - Standard Precautions
 - Hand washing
 - Infection Control
 - Personal Protective Equipment
 - Hazardous Waste
 - Blood-borne Pathogens (HIV, Hep B & Hep C)
 - Needle Sticks
 - Exposure Control Plan
 - Communicable diseases
 - Safe work practices
 - Tuberculosis (TB)
 - Back Safety
- Caregiver Mandatory Reporting
 - Abuse, Neglect and Misappropriation
- Professional Boundaries
- Accident/Incident Report
- Client Rights
- HIPAA
- Required Reporting, Change of Condition
- Emergency Preparedness in the Home
 - Fire and Weather Safety
- Basic Home Safety
- Basic Guide to common disabilities

I fully understand that I must familiarize myself with the topics and processes above that were reviewed in orientation and that if I have any questions, I should ask an MCFI Home Care representative. In addition, I acknowledge that this information relates to agency policies, procedures and employment terms, and I am responsible for knowing and maintaining compliance with the topics listed above.

Employee Signature

Date

Please see reverse side

By reading, placing your initials in the margin and signing on the back of this sheet, you are acknowledging once more that you have read, understand and agree to the policies and procedures of the agency. If you have any questions about a policy or procedure at any time, please contact an agency representative.

PLEASE INITIAL:

 Your employer is MCFI Home Care, NOT the client. If you have any questions regarding your employment, you can reach an agency representative during the normal business hours of 8 a.m. to 4:30 p.m. You must contact the agency if you're going to change your schedule or miss any scheduled work. Failure to contact the agency regarding these issues may result in disciplinary action.

 All employees are required to report to the agency if your client is hospitalized, is not present in his or her home or services can't be provided during scheduled times. If you need to contact an agency representative after business hours, please call 414-290-0050.

 You must obtain each client's signature for the services that are provided. Your timecard must only reflect the hours that you have been authorized to and actually performed work. All changes in the schedule must be pre-approved by MCFI Home Care. Your timecard must be completed in either a black or a blue pen. Timesheets are always due by 11:59 p.m. the Tuesday after each pay period has ended. Failure to turn your timecard in on time will delay your payment for work you performed until the following pay period.

 If you fail to inform the agency that you will not be reporting for your scheduled work shift and fail to report your scheduled hours for two consecutive scheduled days, the agency will determine that you have voluntarily quit your position with our agency.

 If you sustain a work-related injury, you must report this incident to the agency as soon as possible.

 Under state and federal statute, you must never mention, disclose or send client information to casual acquaintances, friends, family, co-workers or other persons. If you have questions about confidentiality, please consult an agency representative.

 The agency prohibits the illegal use, possession, distribution or sale of any controlled, uncontrolled or illegal drug. Our agency reserves the right to drug screen any employee at any time per agency policy. Failing the drug test or failure to comply may result in immediate termination.

By signing below and entering my initials in the margin above, I understand and agree with the policies and procedures checklist. I also understand that there are additional policies and procedures contained in the Employee Handbook that I must adhere to. I acknowledge that any violations of the policies or procedures of the agency may result in disciplinary action or termination without the ability to be re-employed with MCFI Home Care.

Employee Signature: _____ **Date:** _____