

## **Orientation Verification**

I,	, have attended orientation
today with Georgina Home Care LLC. I hereby agree that	as an employee with Georgina Home
Care LLC. I am responsible for understanding and abiding	by the policies and procedures set
forth in the orientation and in the provided employee hand	lbook.

Provided to me was the following, not limited to:

- Employee handbook 2024
- HIPAA regulations
- HIV Confidentiality
- Infection Control review
- Advance Directives/Living Will/DNR
- Client Abuse reporting law & caring for the sensory impaired client
- Emergency/disaster preparedness
- Aide and home safety review
- General company policies, procedures and forms
- Payroll guidelines
  - -Training on the use of timesheets
  - -Training on the use of electronic clock in/clock out system
- Photo Waiver and Release
- Drug and alcohol policy
- Sleep & Meal period policy for employees on duty for 24 hours or more
- FMLA and PFL policy
- Fact-finding and issue resolution ("Fair") Program policy
- False claims act
- NYC Earned sick time act
- Health Insurance Information
- Wage Parity Benefits



## www.georginahomecare.com

## **ACKNOWLEDGMENT OF RECEIPT**

I hereby acknowledge receiving a copy of the Agency's handbook. I have had the opportunity to ask questions about the policies. **As a condition of my employment with** the Agency, I agree to comply with all the rules and procedures of the Agency, as stated in this Handbook and any other document that may be issued to me during **my employment, including the FAIR AGREEMENT.** 

I understand that the Agency has the maximum discretion permitted by law to interpret, administer, add to, change, or delete provisions in this Manual and Handbook at any time.

Additionally. I acknowledge that no promise of job security has heretofore been given to me and that there are no such promises contained in the Handbook since I am employed AT WILL and may resign at any time or be fired from my job at any time, with or without notice and with or without cause.

Employee Signature	Date
Agency Rep Signature	Date