BHC Homecare LLC
1818 WIllann Rd
Rosedale, MD 21237
Ph: 1(888) 245 3294
Email: HR@bhchomecare.com

Human Recourses Department: Policies and Procedures

ATTENDANCE & CALL-OFF POLICY ACKNOWLEDGMENT

PURPOSE

BHC Homecare LLC provides essential services to clients who depend on scheduled caregivers. Consistent attendance and punctuality are required for continued employment.

ATTENDANCE EXPECTATIONS

1. Employees are expected to report to all scheduled shifts on time and prepared to work.
2. Employees are responsible for arriving at the client's home at the scheduled start time.
3. Employees shall accurately clock in and out using the agency-approved system.

CALL-OFF PROCEDURE

1. Employees who cannot report to work must notify **BHC Homecare LLC** as soon as possible.
2. Employees must provide at least four (4) hours notice before the start of a scheduled shift whenever possible. By calling the Number **1-888-245-3294**, and leaving a clear message with a callback number.
3. The supervisor will then call the caregiver to verify the callout and get details on coverage.
4. Text messages to clients do not constitute proper notification.
5. Employees can and should arrange their replacements but must notify the supervisor through the above number so that the change can be made on the schedule.

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NO CALL / NO SHOW

A No Call / No Show occurs when an employee fails to report for a scheduled shift and fails to notify the **BHC Homecare** office.

No Call / No Show incidents will result in disciplinary action up to and including termination.

TARDINESS

Repeated tardiness may result in corrective action.

Employees experiencing delays shall notify BHC Homecare immediately.

CLIENT ABANDONMENT

Employees shall not leave a client unattended before the end of a scheduled shift without authorization from their **BHC Homecare Supervisor**.

Failure to follow this policy may result in immediate disciplinary action.

ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the **BHC Homecare LLC** Attendance & Call-Off Policy. I agree to comply with all requirements outlined above.