

HUMANE HOME CARE AGENCY

Employment Agreement

Employee Name:

Position:

As an agency employee, the undersigned agrees to be employed under the following condition:

1. Our work schedule is based on client needs; therefore, your employment with us is on a part time, "as needed basis" without any guarantee of available work hours.
- 2, You understand that work assignments at Humane Home Care Agency are at patient's various home locations, and hours of work are based on our client's needs.
3. Your pay is calculated from your timesheet. Your timesheet will not be processed for payment for incorrect hours, unsigned timesheets or forging assignment or client/patient dispute hours of service rendered until proper corrections are made.
4. You will get paid only for hours authorized by HHCA personnel, worked and signed by the client or authorized person. Do not get approval to work more hours from clients or their family. Violation of this code could lead to termination.
- 5, Overtime must be approved by supervisor for you to get pay. Overtime is paid for any work performed in excess of forty (40) hours per week only if approved in writing and signed by your supervisor.
6. The work begins at 12:01 am. On Saturday and ends at 12 midnight the following Sunday.
7. You are required to perform your job efficiently, and according to the established rule by the Agency. If you refuse to comply more than (3) times, this will result in to a disciplinary action and up to termination.
8. When you are assigned to cases, cancellation of assignment or any call out will not be acceptable unless for emergencies. You must provide documentations like doctor's note or other proof.
9. You are required to report to your assigned cases at the right time. If you are frequently late or you call in late to cancel a shift (within four (4) hours) this is unacceptable and could result into disciplinary action, up to termination.
10. You are required to call the agency as soon as you realize that you will not be able to go to work so that the Agency can find a suitable replacement. We request that you give at

least 4 hours' notice if you are unable to go to work. (1) NO-CALL, NO SHOW is a ground for immediate termination.

11. You are required to call the Agency on a weekly basis for your schedule if you don't have assignment, or call for work, or fails to report for work on two consecutive scheduled workdays without proper notice or acceptable explanation will be considered to have voluntarily terminated or abandoned his or her job.
12. When the agency staff, contact you regarding any case, anyone who refuses an assigned case more than once a month without acceptable documentations will be considered to have abandoned his or her job. For any cancellation of schedule, you must submit acceptable documentations or papers to the office within (2) days.
13. As part of Humane Home Care Agency service' efforts to ensure sufficient staff coverage for our patients/client, when required you are obligated to work every other weekend as needed
14. You are also required to turn in time sheet or other paper work to the agency on a weekly basis every Monday by 3pm. Later turning in of time sheets or paper work will not be tolerated and will result in to disciplinary action up to holding your cases of termination.
15. In order to continue my employment, I understand that it is mandatory for me to participate in all in-certification, registration or needed medical papers, further, I understand upon obtaining or renewal of such document, I must forward such or copy to the Human Resources or Administrative Department.
16. All programs and client or patient information must be kept confidential.
17. Violation of the agency's Ethical code of conducts, confidentiality statements, conflict of interest policy, and failure to follow other policies and procedures of the agency, will result into disciplinary action, up to and including immediate termination.
18. Please note that employment is on "At will" basis and is for no definite period and may be terminated at any time with or without causes.
- 19, If you choose to end your employment, we request that you give us two weeks' notice to provide adequate service coverage for the client.

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EMPLOYEE SIGNATURE

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DATE

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SUPERVISOR SIGNATURE

DATE