

Community Health Care, Inc.



Employee Hand Book



V. Scope of services provided.

A. A sample of services is provided for care rendered under home management. These services are as follows:

1. Pay bills as directed by client.
2. Provide transportation for medical appointments/shopping.
3. Clean/care for clothing: ironing, simple mending, laundering.
4. Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes.
5. Make minor repairs to house and furnishings.
6. Make unoccupied beds.
7. Recognize/report changes in health/environment.
8. Identify medications for client.
9. Provide companionship/emotional support.
10. Prepare simple meals.
11. Shop for food and other essentials from verbal or written instruction.
12. Observe/report indicators of abuse, neglect illness, etc. to proper professional.
13. Respond to emergency needs as they occur.

COMMUNITY HEALTH CARE, INC.

SCOPE OF SERVICES POLICY

14. Communicate/interact according to developmental levels and as age appropriate.
15. Assist in following budget prepared by case manager.
16. Assist to find/use community resources.
17. Perform reading/writing tasks.
18. Demonstrate/model housekeeping, use of appliances.
19. Demonstrate/model simple altering and mending techniques.
20. Assist in organizing household routines.
21. Assist in making or purchasing clothing or other household items.
22. Plan menus using food guide.
23. Assist with developing a market order and shopping.
24. Demonstrate/model food handling, preparation and storage; pest control.
25. Reinforce keeping appointments.
26. Assist in packing and moving.
27. Provide temporary daytime supervisory care for child(ren).
28. Encourage/reinforce constructive play and positive parent/child interaction, ex. Reading.
29. Reinforce/support pre and postnatal care and family planning.
30. Demonstrate/reinforce appropriate dress.
31. Assists with recreational/leisure activities appropriate to age and developmental level.

COMMUNITY HEALTH CARE, INC.

CLOCKING IN AND CLOCKING OUT POLICY

2046

DATE: May 9, 2017

POLICY:

Proper clocking in and clocking out are a must by all employees who work in clients homes as caregivers. Department of Health and Mental Hygiene (DHMH) will not pay for reimbursement of time not properly displayed as clock in and/or clock out. Community Health Care, Inc. may only make a total of four (4) corrections within a month for improper and/or failed clock in and clock out for a client. After the fourth (4th) corrections, DHMH will not reimburse Community Health Care, Inc. for any further missed time in and/or time out. When Community Health Care Inc. is not paid for missed clock in and/or clock out, the caregiver also will be not paid for improper time displayed.

PURPOSE:

The purpose of this policy is to clearly explain the importance of clocking in and clocking out and to make known the repercussions of failure to do so.

PROCEDURE:

1. Applicability

All employees who work in clients' homes as caregivers are required by the Department of Health and Mental Hygiene (DHMH) to properly clock in at the beginning of each work shift. and to properly clock out after each work shift.

Failure to observe clocking in and clocking out regulations will result in the following disciplinary actions:

1. First occurrence: A verbal warning will be given. Employee will be given the opportunity to review the clocking in and clocking out procedure and to sign off that she or he understands the procedure.
2. A second occurrence of failure to observe proper clocking in and clocking out procedure will result in a written warning to be placed in employee's file.
3. A third occurrence will result in termination of employment.

2. Calculation of Failure to Clock In/Out Occurrences:

Failure to clock in once equals 1 occurrence.

Failure to clock out once equals 1 occurrence.

Failure to clock in and clock out equals 2 occurrences.

If more than 4 occurrences take place within a month, employee will be not paid for any further occurrences and will be subject to disciplinary action as indicated above.

COMMUNITY HEALTH CARE INC.

PERSONNEL POLICIES AND PROCEDURES

4080

DATE: June 12, 2000

POLICY

Personnel policies and procedures apply to all employees and are stated to provide information about Community Health Care, Inc. practices, procedure and rules of conduct. All individuals are required to read, understand, and become familiar with the policies and comply with the standards. Signed and dated copies for employees' personnel records are required.

PURPOSE

Procedures and standards in the personnel policies are intended to guide employees who are hired within the agency and make them aware of their rights and benefits.

PROCEDURE

I. EQUAL EMPLOYMENT OPPORTUNITY

Community Health Care, Inc. is committed to equal employment opportunity for all qualified persons, without regard to race, color, ancestry, national origin, religion, sex, marital status, physical handicap, medical condition, or age to the extent required by law. This applies to all employment practices, including hiring, promotions, training, disciplinary action, termination, and benefits.

- A. We expect all employees to show respect and sensitivity toward all other employees, and to demonstrate a commitment to Community Health Care, Inc.'s, equal opportunity objectives. If you observe a violation of this policy, you should report it immediately to your Director.
- B. Violation of this policy may result in disciplinary action, up to and including possible termination.

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DATE: Revised July 24, 2015

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II. IMMIGRATION REFORM AND CONTROL ACT OF 1986

Community Health Care, Inc. is committed to full compliance with the federal immigration laws and will not knowingly hire or continue to employ anyone who does not have the legal right to work in the United States.

- A. As an ongoing condition of employment, you will be required to provide documentation verifying your identity and legal authority to work in the United States.
- B. If you are not at least 18 years old, you are required by law to provide a valid Work Permit, High School Diploma or Certificate of Proficiency before you will be allowed to work.
- C. The terms and conditions of the Work Permit, as well as the provisions of state and federal law, restrict the employment of minors.

III. EMPLOYMENT OF RELATIVES

Relatives of employees will receive the same consideration as any other applicant for a job opening and will not be afforded preferential treatment in employment matters. In addition, the director may require a related employee to resign if there is a conflict of interest or management problem of supervision that cannot be resolved.

IV. LEAVE OF ABSENCE

Community Health Care, Inc. makes leaves of absence available to full-time employees as follows:

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A. Worker's Compensation Leave

1. Leave of absence for a work-related illness or injury
2. Community Health Care, Inc. complies with applicable state and federal laws concerning leaves for work-related illness or injury.
3. Employees on leave because of work-related illness or injury will be reviewed on an individual basis by Community Health Care, Inc..

V. PERSONAL LEAVE

- A. Every quarter worked, which is also every 90 days worked, only office staff who work 30 hours to 40 hours per week will be allowed to earn 12 hours for Personal Leave. Approval for earned leave days will be based upon attendance, work performance and work productivity.
- B. Personal Leave is accrued from the calendar year of January 1 through December 31. There is no balance carry over into the next year. All balances remaining at the end of the calendar year will be lost if not used. Each calendar year begins the accruing of the Personal Leave benefit.
- C. Written Personal Leave request must be submitted to the Director for approval at least 10 working days in advance. Personal Leave request will be approved on a first come, first serve basis and only if the time off will not interfere with the normal business operations of Community Health Care, Inc.
- D. Full-time office staff who are terminated for any reason will lose all unused Personal Leave hours at the time of separation.

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VI. HOLIDAY

A. Pay will be given for the marked * asterisk Holidays to only eligible full time office employees as follows:

- | | |
|----------------------------|----------------------|
| 1. New Years | 7.* Labor Day |
| 2. *Martin Luther King Day | 8. Veterans Day |
| 3. Easter Monday | 9. *Thanksgiving Day |
| 4. *Memorial Day | 10. *Christmas Day |
| 5. Juneteenth | |
| 6. *July 4 th | |

B. The office of Community Health Care, Inc. will be closed on the Holidays mentioned above. Full-time office employees may elect to use their accrued Personal Leave for receiving pay on any Holiday not marked.

Roman Numerals VII – IX have been deleted due to Personnel Policies and Procedures changes.

X. WORKER'S COMPENSATION INSURANCE

A. All employees are automatically covered by Worker's Compensation Insurance at the time they are hired. Community Health Care, Inc. pays 100% of the premiums for this important coverage.

1. The following benefits are provided to employees who sustain a work-related injury or illness.

a) Partial wage replacement for periods of disability

b) Medical care, including medicine, hospital, doctor, x-rays, crutches, etc.

c) Rehabilitation services if necessary

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- B. It is important that you report any work-related injury or illness to your supervisor as soon as it happens regardless how minor it may be. It is also important to get proper first aid and/or medical attention immediately.
- C. To ensure the well being of our clients and the proper use of techniques by our employees, we are enforcing safety within the work environment. Therefore, in case of any injury or any type of accident involving you and/or the client, you are required to submit a drug test within 24 hours of the occurrence from a reputable facility such as a hospital, doctor's office, Urgent Care and Laboratory Centers.

XI. EMPLOYEE CLASSIFICATION

Community Health Care, Inc. classified employees in a number of different ways as follows:

- A. Full-time Employees – You are considered to be a full-time employee if your hours of work each week are thirty (30) to forty (40) hours.
- B. Part-time Employees – You are considered to be a part-time employee if your hours of each work week are less than thirty (30) hours.
- C. Non-exempt Employees – Non-exempt employees are eligible to receive overtime pay, if applicable, in accordance with the provision of state and federal law.
- D. Exempt Employee – Exempt employees are not covered by the overtime provisions of state and federal law and are, therefore, not eligible for overtime pay.

Pages 6 – 8 have been deleted due to Personnel Policies and Procedures changes.

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XII. PROBATIONARY PERIOD FOR NEW EMPLOYEES

- A. New employees are hired with the understanding that the first six months of employment will serve as a trial period. During the trial period a new employee will have and opportunity to demonstrate his/her ability to perform job responsibilities. During the probationary period the employee will meet with his/her Supervisor and Community Health Care Director at regular intervals for a verbal evaluation.
- B. During the Probationary Period, if the Director feels the employee relationship is unsatisfactory, the employee may be terminated immediately without notice. Upon the completion of a satisfactory probationary period, the regular employee status is granted with all applicable benefits. Employees are evaluated annually thereafter .

XIII. TARDINESS AND ABSENCE

- A. It is important that employees work their assigned scheduled as consistently as possible. However, Community Health Care, Inc. understands that because of illness or emergency you may be unable to work.
- B. If you are unable to report to work for any reason, you must call the Supervisor or director where applicable. In-home aides providing services to clients must call their immediate Supervisor two (2) hours before report time to each scheduled client. This is very important for contacting " On Call Back-up" to fill the schedule. If in-home aides do not properly contact Supervisor according to the two (2) hour notice for no reporting to work, aides may be subject to disciplinary action and / or pay for hours missed denied. It is your responsibility to keep Community Health Care, Inc. informed on a daily basis during a short term absence and to provide medical verification when asked to do so.
- C. Non-exempt employees are expected to be at their work station ready to begin work at the beginning of their schedule shift, and at the end of their schedule breaks and meal period . If you do not call in or report to work for two consecutive workdays, you may be considered to have a voluntary quit.

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XIV. TERMINATION

A. Voluntary Termination

1. Voluntary termination is a termination that is initiated by the employee.
2. We would like you to give at least two weeks written notice before you leave your job.
3. Written notice should include your reason for leaving

B. Involuntary Termination

1. Involuntary termination is a termination that is initiated by Community Health Care, Inc. for reasons other than changing business conditions.

C. Availability to Work

1. When an employee has become unemployed due to conditions such as but not limited to client changing to another agency, death of client, client services terminated, the employee must notify the agency within 24 hours of his or her availability to accept other assignments for continued employment. If the agency is not properly notified, it is understood that the employee has voluntarily initiated termination.

D. Layoff

1. Layoff is a termination of employment that results from changing business conditions which necessitate a reduction of staff.
2. Whenever Community Health Care, Inc. determines, in its sole discretion that a layoff should occur, the following factors will be among those considered: versatility, qualifications, skill, ability, performance, efficiency, loyalty, attitude, and dependability.

XV. PAY DAY

- A. Employees are paid every week during a calendar period of 52-weeks per year.

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XVI. WAGE AND SALARY REVIEWS

- A. Employees are generally reviewed annually for consideration of merit increase. A wage or salary review does not imply an automatic increase, only that you are eligible for consideration based on job performance.

XVII. PAYROLL DEDUCTIONS

- A. You are probably familiar with the various payroll deductions that are required by law, such as federal income tax, state income tax, state disability insurance, and social security taxes. You must authorize any other deductions from your paycheck in writing.
- B. Each one of your paycheck stubs will itemize amounts that have been withheld. It is important that you keep this information for tax purpose. If you have any questions about your deductions, please talk to your Community Health Director. Community Health Care, Inc. complies with applicable state and federal laws regarding the garnishment and assignment wages.

XVIII. OVERTIME

- A. From time to time, you may be asked to work beyond your scheduled hours or on a scheduled day off; however, you are not allowed to work overtime unless it has been approved in advanced by the Director. When you are asked to work overtime, you will receive premium pay, if applicable, in accordance with state and federal law.
- B. Employees who work overtime that have not been authorized in advanced by the Director may be subject to disciplinary action and possible termination.
- C. Some employees may be exempt from the overtime provisions of state and federal law.

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XIX. PERFORMANCE EVALUATIONS

- A. Employees will generally receive a written performance evaluations after approximately three to six months of service and approximately every year thereafter. The purpose of the performance evaluations is to let you know how well you are doing. Written performance evaluations may include commendation for good work, as well as specific recommendation for improvement.
- B. You will have the opportunity to discuss your performance evaluation with your Director. This is a good time to ask questions and clarify important points. Performance evaluations help Community Health Care, Inc. make important decisions about job placement, training, and development, and pay increases. A satisfactory performance evaluation does not guarantee a salary increase nor does it alter, modify, or amend the at will employment relationship between you and Community Health Care, Inc.

XX. POSITION DESCRIPTIONS

- A. Employees are generally given a position description before they start work. A position description summarizes your duties and responsibilities and gives you important information about your new job. Please read and study your position description carefully and discuss it with your Director if you have any questions.
- B. Community Health Care, Inc. reserves the right to revise and update your position description from time to time, as it deems necessary and appropriate.

XXI. WORK RULES AND PERFORMANCE STANDARDS

- A. It is not possible to provide a complete list of every work rule or performance standard. As a result, the following are presented only as examples. You are responsible for understanding and following these standards and work rules. Employees who do not comply may be subject to disciplinary action or possible termination.

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B. Job performance

1. Employees may be disciplined, and include possible termination, for poor job performance, as determined by Community Health Care, Inc.
2. Some examples of poor job performance are as follows:
 - a) Below average work quality and quantity;
 - b) Poor attitude, including rudeness, or lack of cooperation
 - c) Excessive absenteeism and tardiness;
 - d) Failure to follow instructions or policies, and procedures

C. Misconduct

1. Employees may also be disciplined and include possible termination, for misconduct .
2. Some examples of misconduct are as follows:
 - a) Insubordination;
 - b) Abuse, misuse, theft, or the unauthorized possession or removal of property or the personal property of others.
 - c) Falsifying or making a material omission on Community Health Care, Inc. records, reports, other documents, including payroll, personnel, and employment records;
 - d) Divulging confidential Community Health Care, Inc. information for unauthorized persons;
 - e) Disorderly conduct on Community Health Care, Inc.'s property including fighting or attempted bodily injury, or the use of profanity, abusive, or threatening language towards others, or possession of a weapon.

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- f) Violation of any law adversely affecting Community Health Care, Inc. or conviction in court of any crime which may cause the employee to be regarded as unsuitable for continued employment ;
- g) Violation of Community Health Care, Inc.'s alcohol, drugs, and controlled substances policy;
- h) Marking or signing the time record of another employee or knowingly allowing another employee to mark or sign your time record.

XXII. HARASSMENT

- A. Community Health Care, Inc. is committed to providing a work environment that is free of discrimination. In keeping with this commitment, Community Health Care, Inc. maintains a strict policy prohibiting unlawful harassment, including sexual harassment. It is important for you to understand that jokes, stories, cartoons, nicknames, and comments about appearance may be offensive to others.
- B. Sexual harassment of employees by the Director, coworker, or clients is prohibited. Unlawful sexual harassment includes unwelcome sexual advances, request for sexual favors, and other verbal, visual, or physical conduct of a sexual nature when:
 - 1. Submission to the conduct is made a condition of employment;
 - 2. Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee;
 - 3. The harassment has the purpose or effect of unreasonable interfering with an employee's work performance or creates an intimidation, hostile or offensive work environment.
- C. Examples of sexual harassment include unwelcome sexual flirtations, and advances, or propositions; verbal abuse of a sexual nature; subtle pressure or request for sexual activities; unnecessary touching of an individual; graphic comments about an individual's body; a display in the work place of sexually

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suggestive objects or pictures; sexually explicit or offensive jokes; or physical assault.

- D. If you believe that you are being, or have been harassed in any way, please the facts of the incident or incidents to your Director or Board of Directors immediately, without fear of reprisal. In determining whether the alleged conduct constitutes unlawful context in which the alleged incident occurred, will be investigated.
- E. Violation of this policy may result in disciplinary action, possible termination.

XXIII. ALCOHOL, DRUGS AND CONTROLLED SUBSTANCES

- A. The use, sale, transfer, possession, or being "under the influence" of alcohol, drugs, or controlled substance when on duty is prohibited. In addition, off duty conduct, which may adversely affect the reputation or interest of Community Health Care, Inc., is prohibited. "Under the influence: for the purpose of this policy, is defined as being unable to perform work in a safe or productive manner, or being in a physical or mental condition which creates a risk to the safety and well being of the effected employee, other co-workers and the public.
- B. Violation of this policy may result in the disciplinary action, up to and including possible termination.

XXIV. PERSONAL APPEARANCE

- A. Your appearance reflects not only you as an individual, but Community Health Care, Inc. as well. We expect you to take pride in your appearance and strive to achieve a positive business-like image when representing Community Health Care, Inc.

XXV. TERMINATION OF EMPLOYMENT

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- A. Employees may resign at anytime, employees desiring to terminate their employment relationship are requested to provide two weeks advanced notice in writing to the agency director.
- B. The Agency Director may terminate an employee, decrease his/ her hours or the work force.
- C. After receiving notice of resignation or termination by Community Health Care, Inc. an exit interview is required with the agency director.

XXVI. DISCIPLINE AND WARNING SYSTEM

- A. All employees are expected to adhere to agency standards for work performance, punctuality, attendance and personal conduct. Failure to do so may result in termination. Disciplinary steps indicated as follows may be used or may not be necessarily used in the order stated. Community Health Care, Inc.'s director reserves the right to take immediate disciplinary action it deems appropriate, deviate or omit entirely the steps set forth.
- B. Basic classification for disciplinary action may include:
 - 1. Employee counseling or oral reprimanded. Employee is counseled by the supervisor following a minor offense in an effort to eliminate possible misunderstanding and to explain what constitutes proper conduct. Documentation describing the offense and the action taken must be maintained in the employee's personnel file.
 - 2. Written warning or reprimand: The purpose of the employee receiving the written notice or reprimand is to make certain that the employee is fully aware of the misconduct committed and what is expected. Written warning must be signed by employee. A copy is placed in the employee's personnel file.
 - 3. Final written warning: Employee may receive a final written warning for an for an offense. Disciplinary time off (suspension) without pay may be given. Purpose of a final written warning is to make certain the employee understands the seriousness of the misconduct and further

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misconduct will result in discharge. Employee is asked to sign the form. Copy is maintained in the employee's personnel record. A copy may also be given to the employee. Written warning, reprimand, counseling or oral reprimand is required to have been completed before a final written warning may be given.

4. Written discharge: Employee is discharged (employment terminated) as the result of an offense. Final written warning, reprimand, employee counseling or oral reprimand are required before an employee may be discharged. Written statement regarding the action and reasons for discharge may be documented. Copy may be given to the employee and the original maintained within employee's personnel records.

XXVII. COMPLAINT RESOLUTION PROCEDURE

A. Misunderstandings can arise in any organization. Resolution should be made to avoid more serious conflicts, some conflicts resolve themselves. Should a situation persist, you should follow the procedure described for bringing your complaint to the agency director.

B. Step One

1. Discuss the problem with the agency director . If the discussion with the Agency director does not resolve the issue(s), you may proceed to Step Two. This may be put into writing.

C. Step Two

1. You may prepare a written summary of your concerns and request a review by the Board of Directors. The Board of Directors will full examine the facts of the written summary and conduct an investigation. Decision of the Board of Directors shall be considered final.

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XXVIII. OVERTIME UPDATED POLICY

This policy defines clear procedures about overtime restrictions for work hours of full time office employees, nurse aides and part time aides. **Office employees** who work 35 hours up to 40 hours a week must always adhere to their approved work schedules. No overtime hours will be paid without a written advance request made with a signature from the employee and signatures from your supervisor and Director indicating approval.

For all **full time nurse aides** no pay will be given for any overtime hours that are outside of the Clients Approved Work Schedules according to Maryland Department of Health and Mental Hygiene (DHMH) and North Carolina Department of Medicaid. An example is if the client is approved for 35 hours and you work 36 or 37 hours over the approved schedule, you will not be paid. The same applies for employees that have clients who receive 40 hours a week. If any full time nurse aide has a client over 40 hours a week, you must have advance approval before working that Client Schedule. **WE DO NOT PAY OVERTIME FOR WORK DONE OVER 40 HOURS A WEEK WITHOUT ADVANCE WRITTEN APPROVAL.**

All **part time nurse aides**, also must strictly follow the Clients Approved Schedules. Example is, if the client is approved for 20 hours a week, you cannot work over 20 hours a week. Any hours over the scheduled 20 hours are considered not working. DHMH and North Carolina Department of Medicaid do not pay for hours over the client approved work week schedule. Community Health Care does not pay either.

Remember to work your approved schedules. No tolerance or payment is given for overtime when the above procedure is not followed.

Employee Signature: _____

Date: _____

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XXIX. CLIENT APPROVED WORK SCHEDULE POLICY

All clients will have approved work schedules for their nurse aides for the number of weekly hours approved by Maryland Department of Health and Mental Hygiene (DHMH) and North Carolina Department of Medicaid. The standard work week is Sunday through Saturday. Appropriate Client Schedules will be reviewed and approved by Supervisor and Director. At no time should a nurse aide clock in and clock out over 12 hours consecutive for a given shift. Example: If you clock in at 8:00 a.m. until 9:00 p.m., a total of 13 hours or more are not permissible. You would only be paid for 12 hours and not the one (1) additional hour.

It is highly mandatory that all employees and clients follow the approved Client Schedule. DHMH and North Carolina Department of Medicaid along with Community Health Care DO NOT PAY for unapproved client hours. Employees must never work over approved weekly hours for their clients because those hours are unauthorized by DHMH, North Carolina Medicaid and Community Health Care. Employees must only report hours worked according to Client Approved Work Schedules for the week.

All clients and employees are informed that no pay will be given to employees when clients are in hospitals, nursing facilities, mental institutions that are not the clients' private homes. COMAR 10.09.84.14A requires that clients reside at home to receive personal assistance services. Violators will have consequences. **ONLY FOLLOW CLIENTS APPROVED WORK SCHEDULES IN THEIR PRIVATE HOMES.**

Post the Client Approved Work Schedule on the client's refrigerator if they allow you or where it can be seen in the client's home at all times.

Employee Signature: _____

Date: _____

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EMPLOYEE STATEMENT OF ACKNOWLEDGEMENT

This is to acknowledge that I have received and read a copy of Community Health Care, Inc.'s Personnel Policies and Procedures which has been made available to me on its website. I understand that it provides guidelines and summary information about Community Health Care's personnel policies, procedures, benefits and rules of conduct. I also understand that it is my responsibility to become familiar with and comply with the standards that have been established. I further understand that Community Health Care, Inc. reserves the right to modify, supplement, rescind or revise any provision, benefit or policy from time to time with or without notice as it deems necessary or appropriate.

ACCEPTANCE AND REVIEW OF PERSONNEL POLICIES

I have read, understood and accepted the Personnel Policies of Community Health Care, Inc. I received my copy of the Personnel Policies on _____ day of _____ month of 20 _____.

Employee Name: _____

Position: _____

Date: _____