

Vermont Catholic Charities, Inc.,
Residential Care Homes HR Policies & Standards of Behavior Sign-off Form

Employee Name: _____

Residential Home: _____

Supervisor Name: _____

Date: _____

1. **Orientation Period:** I have received, read and understand HR policy 0001, concerning VCCI Residential Care Homes Orientation Period. I realize that my employment can be terminated without cause and for any reason during this 90-day orientation period.
2. **Employment Practices Including Employment at Will:** I have received and read HR policy 0002, Employment Practices, and understand that my employment with Vermont Catholic Charities, Inc., is a voluntary one and is subject to termination by Vermont Catholic Charities, Inc. I am an employee at will, therefore can be terminated with or without cause, and with or without notice, at any time. I understand that no policy at VCCI shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Vermont Catholic Charities, Inc., employees. This policy of employment-at-will may not be modified by any employee and shall not be modified in any publication or document.
3. **Time Clock and Shift Differential Standards:** I have received, read, and understand HR Policy 0003, the Time Clock and Shift Differential Standards Policy. I am aware that Vermont Catholic Charities, Inc., will adhere to all federal and state regulations in terms of payment of employees for hours worked. I am also aware that the home has created premium pay and stipend pay for defined positions that have a direct impact on the care of the residents. I agree to follow the procedure set forth by this policy.
4. **Positive Employee Relations:** I have received and read HR Policy 0004, Positive Employee Relations. I recognize that Vermont Catholic Charities, Inc., encourages an “open door” policy, where every employee is treated fairly, with respect, and equitably.
5. **Employee Privacy:** I have received, read, and understand HR Policy 0005, concerning Employee Privacy. I know that the Organization retains the rights and privileges to seek, lawfully use, and safeguard employment related information regarding its employees.
6. **Solicitation:** I have received, read, and understand HR Policy 0006, concerning Solicitation. I understand that Solicitation of employees by other employees or non-employees is prohibited during working time and on Organization premises.
7. **Harassment Policy:** I acknowledge that I have received training regarding the prevention of harassment, both general and sexual. I agree to abide by the principles that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems I can contact my Supervisor or Human Resources.
8. **Drug and Alcohol-Free Workplace:** I have received, read and understand the Drug and Alcohol Free Workplace Policy of Vermont Catholic Charities, Inc. I agree that illegal drugs and the abuse of alcohol have no reason to be a part of the workplace, and that to provide quality care and ensure the safety of VCCI Residents I will be drug and alcohol free. If I fail to be drug and alcohol free I agree that my employment should be terminated.
9. **Tobacco and Smoke Free Workplace:** I understand that Vermont law requires that there will be no smoking of tobacco products within the facilities at any time. If smoking occurs outside the building, it must be at least 20 (twenty) to 50 (fifty) feet from the main entrance to ensure that the smoke does not enter the building. All materials used for smoking, including cigarette butts and matches, must be extinguished and disposed of in appropriate containers. There will be no smoking in any Vermont Catholic Charities, Inc., vehicles at any time.
10. **Resident Rights/Abuse and Neglect Policy:** I have received, and read the law relative to abuse and neglect, and understand that if I have a reasonable cause to believe that any adult is being abused and/or neglected that I will report this to my immediate supervisor or designee in their absence. I also agree to abide by this regulation thus providing the care expected by the Home.
11. **Confidentiality and HIPAA:** I have received, reviewed and acknowledge my understanding of HIPAA, PHI and all contents associated with the Vermont Catholic Charities, Inc., confidentiality and HIPAA Policy. Due to the personal nature of the work done with this facility, it is incumbent that I maintain strict confidentiality of all information gained about the Home’s residents. I agree to comply and strictly honor this law in all aspects during and after my employment with Vermont Catholic Charities, Inc. I understand that questions regarding

confidentiality and HIPAA may be directed to the Human Resources Department or the appropriate supervisor. I also understand that a violation of this policy could be considered a serious matter and possibly could be reason for termination from employment.

12. **Health and Safety including OSHA Compliance and Reporting Injuries:** I have received and read HR Policy 00012, Health and Safety including OSHA Compliance and Reporting Injuries. I understand the VCCI Homes are committed to a safe and healthy environment both for employees and residents and I will comply with all components of this policy and will adhere to maintaining all health and safety regulations at the Home and will abide by the Law.
13. **Appropriate Dress and Grooming:** I have read and understand HR Policy 00013, the Appropriate Dress and Grooming Policy. I agree and recognize I must strive to adhere to the dress code policy and dress in a professional manner, wearing clothing that is neat, clean, and fits appropriately.
14. **Leaves of Absence:** I have received, read and understand HR Policy 00014. I agree to follow what is presented within the policy.
15. **Workplace Behavior and Corrective Action:** I have received, read, understand and will abide by HR Policy 00015. It is my duty and the responsibility to be aware of and abide by existing rules and regulations. It is also my responsibility to perform my duties to the best of my ability and to the standards as set forth in my job description as well as all policies. I realize that not complying with this policy could result in my immediate dismissal of employment.
16. **Attendance and Punctuality:** I have received, read and understand HR Policy 00016. I agree that good attendance is an essential part of my performance if I have unexcused absences it reduces the productivity and lowers the morale of fellow workers. I will comply with the policy set forth and realize unexcused absences will jeopardize my employment with the Home.
17. **Benefits Policy:** I have read and understand HR Policy 00017, the Benefits Policy. I am aware that benefit eligible employees of this Home will be eligible to participate in benefit programs following 90 days of employment, as long as the necessary paperwork is submitted within the stated timeframe.
18. **Worker's Compensation:** I have received, read, and understand HR Policy 00018, the Worker's Compensation Policy. I know that VCCI complies with all federal and state law and furnishes this insurance at no cost to their employees'. I understand that the purpose of Worker's compensation insurance is to cover injuries received while working on the job, including medical expenses as a result of an on the job injury.
19. **Paid Time Off Policy:** I have read and understand HR Policy 00019, the discretionary and vacation policy. I agree to follow the policy.
20. **Standard of Behavior:** I have received, read, understand and will abide by the Standard of Behavior. It is my duty and the responsibility to be follow all sections of the Homes mandate in this book. It is also my responsibility to perform my duties to the best of my ability and to the standards as set forth in the Standards of Behavior, my job description, and as well as all policies. I realize that not complying with the Standards of Behavior could result in my immediate dismissal of employment.
21. **403(b):** I understand and have been offered to join the 403(b) upon hire. I understand that the employer provides an employer contribution after two years of employment only if I sign up for 403(b) and that I do not need to make employee contributions to receive employer contributions into my account.

Employee Signature: _____

Date: _____

Printed Signature: _____