



QUARTERLY CONFERENCE

Please initial next to each statement indicating that you have read the following, understand its contents, been given the opportunity to ask questions, and agree to the terms as stated below.

_____ 1. Job responsibilities:

- the client must be present in his/her home in order to receive service(s);
- the plan of care must be followed without any variations;
- medical related tasks are not allowed;
- scheduled hours cannot be changed without authorization from the Supervisor.
- Home Care Aid (HCA) must report to the Supervisor as soon as possible with any absences and/or coming late, but no later than two hours before the regularly scheduled start time.

_____ 2. Timesheets filling:

- Timesheet(s) must be completed and signed by the client and HCA to confirm service accuracy.
- Timesheet(s) received after deadline will be processed the following payroll.
- If you mail your timesheet(s), you are still responsible for assuring that the timesheet(s) is/are received by your Supervisor on time.

_____ 3. In case of emergency first CALL 911.

_____ 4. HCA that wishes to resign should give advance written notice, fifteen (15) calendar days prior to the date of termination.

_____ 5. For the period of one (1) year from the date on which employment with the Company shall cease, the undersigned HCA shall not solicit, accept, undertake or perform any service(s) of type normally undertaken or performed by EUROPEAN SERVICE AT HOME INC. to any person who was serviced by our company.

_____ 6. In case if Homemaker is not currently working on an assignment for the Company, he/she should call his/her Supervisor each week with his/her availability for future assignments, and let the Supervisor know that he/she is able, available for work, and willing to take next assignment. I understand that if I do not call with my availability each week, I will be considered voluntarily unavailable for assignments effective the day following my last assignment.

_____ 7. OTHER: 1) Last Paycheck Agreement
2) Confidentiality Statement
3) Time sheets: two way receipt; when @ how
4) Memo: Call each week w/availability
5) IDOH - SURVEYS

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____