

NEW HIRE CONTACT

FORM

NAME: _____

ADDRESS: _____

D.O.B _____ **Phone:** _____

Social Security: _____

Email: _____

Emergency contact: _____

Shift/Availability _____

1. Care Staff pays weekly by Direct Deposit.
2. Friday is pay day unless otherwise notated (we make every effort to pay a day before a holiday if the holiday falls on Friday)
3. Time sheets are due every Monday by 10am.
 - a. If you chose to fax, please call to ensure fax was received by office staff
 - b. Failure to turn in timesheets after the deadline could result in your pay being pushed to the following pay date.
 - c. Please ensure timesheets are legible, neat and signed by facility

Turn Away Pay:

1. You are entitled to 2 hours of turn away pay if you report to your assignment and you are not on the schedule, due to facility error.
 - a. Call Care Staff prior to leaving the assignment to discuss options, in the event turn away pay is in effect, Care Staff personnel will need to speak with the facility scheduler to confirm the authorization of turn away pay. Facility staff MUST sign the time sheet for Turn Away Pay. If you "volunteer" to leave, you will not receive the Turn Away Pay.
2. If the error is a result of Care Staff, the facility will not be required to sign the time sheet, however, you will still be responsible to immediately notify office staff of the error.

No lunch Procedure: If you write "No Lunch" YOU HAVE TO HAVE IT **SIGNED/INITIALED** by Nurse or Supervisor. If you fail to do so ADP will NOT honor it, and it will be automatically deducted. _____

NO CALL-NO SHOW: TERMINATED _____

DNR'd: If you are DNR from more than two facilities You will be removed from **ACTIVE** status.

YOU ARE NOT ALLOWED TO DISCUSS YOUR PAY RATE, WITH ANYONE, DOING SO COULD RESULT IN IMMEDIATE TERMINATION. _____

Sincerely,