

Greene Arc, Inc.

Policy and Procedure Manual

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Greene Arc, Inc.
197 Dunn Station Rd. • Prosperity, PA 15329
Phone: (724) 627-6511 • Fax: (724) 852-1764
Email: info@greenearc.org

DISCLAIMER STATEMENT PERTAINING TO INDIVIDUALS VISITING AT STAFF HOMES

I, _____ am consenting to visit _____
Individual *Staff person*

In their home for the period of _____ to _____
Date *Date*

I understand that while I am visiting, this person will not be working for Greene Arc, Inc. and that the agency will not be responsible for anything that might occur. I have been invited and choose to go for my own enjoyment, knowing that I could have stayed at my supervised group home.

Signature *Date*

As this individual's parent/guardian, I understand the conditions described above and support this visit. I know that _____ will not be working for Greene Arc during this visit, and that the agency will not be responsible for anything that might occur.

Signature *Date*

Greene Arc, Inc.

Policy and Procedure Manual

900

Vehicle Request Denial Authorization Sheet

Date(s) Requested and Denied: _____

Authorized Signature: _____

* Form must be attached to the Greene Arc Monthly Expense report in order to receive reimbursement.

Vehicle Request Denial Authorization Sheet

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Greene Arc, Inc.
Policy and Procedure Manual

900

Greene Arc, Inc.
Complaint Form

Name: _____ Telephone No: _____

Mailing Address: _____

City/State/Zip Code: _____

What is your relationship to Greene Arc? Check the most appropriate box:

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family member of Individual |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Legal representative of Individual |
| <input type="checkbox"/> Family Living Provider | <input type="checkbox"/> Other: _____ |

Please explain your complaint about our practices, providing details as appropriate:

(Continue on reverse side, if necessary.)

Please provide us with any suggestions as to how we may improve our practices:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ By: _____ Date Response Sent: _____ By: _____

Disposition: _____

Greene Arc, Inc.

Policy and Procedure Manual

900 EMPLOYEE ACKNOWLEDGEMENT FORM

The employee policy and procedure manual describes important information about the Company. I have read the entire manual and agree to follow all of the rules and policies contained therein. If I have any questions that are not answered in the manual, I will direct them to Human Resources.

I became an employee at the Company voluntarily. I understand and acknowledge that there is no specified length to my employment at the Company and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that the Company may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand and acknowledge that there may be changes to the information, policies, and benefits in the manual. The only exception is that the Company will not change or cancel its employment-at-will policy. I understand that the Company may add new policies to the manual as well as replace, change, or cancel existing policies. I understand that manual changes can only be authorized by the chief executive officer of the Company.

I understand and acknowledge that this manual is not a contract of employment or a legal document. I have received the manual and I understand that it is my responsibility to read and follow the policies contained in this manual and any changes made to it.

I understand and acknowledge that my signature below certifies that I will comply with each and every policy of Greene Arc, Inc.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

Greene Arc, Inc.

Policy and Procedure Manual

Anti-Harassment Policy and Acknowledgment

900

The Company does not tolerate any form of harassment, including sexual harassment. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other unwelcome verbal or physical contact of a sexual nature when such conduct creates an offensive, hostile, and intimidating working environment and prevents an individual from effectively performing the duties of their position.

No employee or applicant should be subjected to unsolicited and unwelcome sexual overtures. Nor should any employee or applicant be led to believe that an employment opportunity or benefit would in any way depend upon "cooperation" of a sexual nature.

Other prohibited forms of harassment include jokes, verbal abuse and epithets, degrading comments, the display of objects and pictures and other offensive conduct relating to an individual's race, religion, color, national origin, ancestry, handicap, mental condition, disability, marital status or age, all as defined and protected by applicable law.

Any employee who feels that he or she has been the subject of harassment (or who has reason to believe that someone else has been the subject of harassment) has the obligation to notify his or her supervisor or Human Resources in oral or written form. The complainant is expected to provide information that the Company requests, including a detailed account of the incidents complained of, witnesses (if any), dates and other information considered relevant by the Company. A prompt investigation of the matter will be made. All employees – whether complainant, witness or accused – are required to be truthful, accurate and cooperative during the Company investigations. Information obtained during the investigation will only be told to another on a need-to-know basis. As the reporting employee or a witness employee, the Company will not retaliate against you for prompting or participating in the investigation.

Anyone who is found to have engaged in prohibited harassment will be subject to appropriate sanctions, which may include termination of employment, depending on the circumstances. No one should be presumed to be in violation because an investigation is being conducted. The Company will make its findings at the conclusion of the investigation.

It is the policy of the Company that no one will be retaliated against for making a complaint of harassment based upon an honest perception of the events or for cooperating in the investigation of a complaint.

I acknowledge that I have received a copy of the Company's Anti-Harassment Policy, that I understand the policy and do commit to follow it.

Employee's Printed Name

Employee's Signature

Date

Effective 05/01/2014 This document is for informational purposes only and is not to be construed as an employment agreement or contract. Greene Arc, Inc. retains the right to amend or change policies contained here-within at any time without prior notice. The provisions of this Policy and Procedure Manual will apply except where the policy conflicts with state law or Collective Bargaining Agreement provisions.

Greene Arc, Inc.

Policy and Procedure Manual

900

Family Medical Leave Policy Acknowledgment

I acknowledge that I have received a copy of the Company's Family Medical Leave Policy, in keeping with the Family Medical Leave Act (FMLA).

I understand that, in order to be eligible for an FMLA leave, I must have been employed by the Company for at least 12 months and have worked 1,250 hours during the past 12 months.

I understand that I must give the company at least 30 days advance notice of the need to take FMLA leave when I know about the need for the leave in advance and it is possible and practical to do so. If 30 days' notice is not possible or practical, I understand that I must provide notice as soon as possible and practical.

I am aware that if, at any time, I have questions regarding the FMLA policy I should direct them to my manager or the Human Resources Department or visit the U.S. Department of Labor's website (www.wagehour.dol.gov).

I also am aware that the Company, at any time, may on reasonable notice, change, add to, or delete from the provisions of the FMLA policy.

Employee's Printed Name

Employee's Signature

Date



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Phone: 724-627-5511
Fax: 724-852-1764
www.greenearc.org

ACT 33

In accordance with the Act 33 of 1985, of the General Assemble of Pennsylvania, I permit the Greene Arc to submit my name to the Department of Public Welfare for a Child Abuse Record and to the Pennsylvania Department for Criminal History Record Information. If I have lived outside the State of Pennsylvania, or if deemed necessary by Greene Arc, I also consent to a Federal Bureau of Investigation Report (FBI).

I understand the Greene Arc is absorbing the cost of \$22.00 per Criminal Background Check, \$13.00 per Child Abuse Clearance and \$10.00 for a PA Driver License History. FBI finger printing, at the cost of \$23.85 if required. In return, I will be guaranteed to work for Greene Arc for the 90 days probationary period. If for some reason this work obligation cannot be fulfilled, I authorize Greene Arc to deduct the initial cost for these background Checks from my last pay.

Furthermore, my signature below certifies that if the Child Abuse, Criminal History, or F.B.I. checks contradict clearance results, I will face immediate dismissal from the waiver program as an employee, per state regulations.

Employee Signature _____ *Date* _____

Witness Signature _____ *Date* _____

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ADDENDUM TO JOB DESCRIPTION
Residential Program Worker
Residential Program Trainee
Licensed Practical Nurse/Certified Nurse Assistant

In compliance with Department of Labor/Wage and Hour Division Bulletin Number 88-66, dated July 13, 1988, this agreement has been reached between the Greene Arc/Residential Supervisor and

According to Greene Arc policy, sleep time will be unpaid during the required 24-hour shifts and
Greene Arc agrees to:

1. Provide adequate sleeping facilities with private, home-like quarters
2. Compensate the employee for interruptions in sleep time
3. Compensate the employee for the entire sleep time if the employee receives less than 5 hours of sleep time
4. Deduct no more than eight hours for sleep time in a twenty-four hour shift

Employee: _____ Date: _____

Residential Supervisor: _____ Date: _____

900



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CELLULAR PHONE AGREEMENT

Each group home has been issued a Cellular Phone that is the property of Greene Arc Inc. As the cellular phone user within your group home or any other group home, please be aware of the following conditions to using the cell phone.

Personal calls are prohibited on these phones. All managers will receive a copy of the bill and will be reviewing all calls (incoming/outgoing). If for any reason there is a personal call that is charged to Greene Arc, Inc., the responsible employee will be held accountable for paying for the call. The disciplinary process will be enforced if personal calls are made using agency phones. Any reported damages or loss of the cell phone will be investigated & researched. The employee responsible for the damages will pay all costs to get the phone fixed/replaced. If you do not pay the charges and or the damages that have been incurred, the total owed will be deducted from your paycheck from Greene Arc.

Please sign and date that you have read this agreement.

Staff Signatures

_____	_____
_____	_____
_____	_____
_____	_____

Thanks in advance for your prompt attention to this matter...

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900 Policy and Procedure Manual

CELLULAR PHONE AGREEMENT

You have been issued a Cellular Phone that is the property of Greene Arc. As the cellular phone user, please be aware of the following conditions to using the cell phone.

Greene Arc's calling plan is 200 anytime minutes, unlimited nights and weekends (9:00 p.m.-6 a.m.) and unlimited mobile to mobile minutes. You are allowed to use your cellular phone for personal use. If you go over your minutes, you will be responsible for paying for the overage charges by the due date. If you do not pay your amount owed by the due date, Greene Arc will take it out of your next pay.

All managers will receive a copy of the bill and will be reviewing each employee's phone calls.

If there is any damage to the cell phone, you will be responsible for paying the retail value of the phone. If you are no longer employed with Greene Arc for any reason, you must turn the phone in on your last working day and pay for any personal phone calls that were made. If you do not pay the charges and or the damages that have been incurred, the total owed will be deducted from your last paycheck from Greene Arc.

Please sign and date that you have read this agreement.

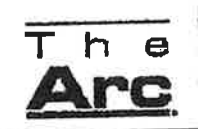
(Employee Signature)

(Date)

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Policy and Procedure Manual

960



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WAIVER FOR HEPATITIS VACCINE

As an employee, I have been informed that the Hepatitis Vaccine is available.

The Hepatitis B Vaccine will be scheduled for employees and will be provided at the Waynesburg Family Medicine location.

To be scheduled for the vaccine, please contact Brenda Hoyle at extension 100 or the Human Resource Department at extension 121.

I have read the above and elect to receive the vaccine.

I hereby waive my right to the hepatitis vaccine. I have been informed that I may elect the vaccine at a later date, with notification to the Human Resource Department.

I received the vaccine in _____ and do not need it now.
(year)

Employee Signature

Date

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