

TruLife Health Services: Caregiver Contract Agreement

IN EXCHANGE FOR WORKING FOR TRULIFE HEALTH SERVICES, I HEREBY AGREE TO THE FOLLOWING:

1. MY EMPLOYMENT IS CONTINGENT UPON THE RECEIPT OF A CLEAN BACKGROUND CHECK.
2. CALL OUTS SHOULD BE DONE 48 HOURS PRIOR TO MY SCHEDULED SHIFT. IN THE EVENT OF AN EMERGENCY THE OFFICE MUST BE CONTACTED IMMEDIATELY. PROOF OF THE EMERGENCY MAY BE REQUIRED.
3. UNDER NO CONDITIONS SHOULD I GO BEYOND MY CALL OF DUTY WITHOUT THE KNOWLEDGE AND AUTHORIZATION OF MY IMMEDIATE SUPERVISOR.
4. ENSURE THAT MY WEEKLY TIMESHEETS ARE SUBMITTED TIMELY EVERY (MONDAY) AND THAT FAILURE TO STRICTLY COMPLY WITH THIS MAY RESULT IN DELAY OF PAYMENT.
5. UNDER NO CONDITION SHOULD I HAVE AN INDEPENDENT PERSONAL CARE CONTRACT WITH ANY OF MY CLIENTS WITHOUT THE KNOWLEDGE AND AUTHORIZATION OF MY IMMEDIATE SUPERVISOR AND THAT FAILURE TO STRICTLY COMPLY WITH THIS WILL RESULT IN A FINE OF \$5,000.
6. ENSURE THAT ANY CHANGE IN MY CLIENT'S STATUS OR ANY PERSONAL CARE CONCERNS ARE IMMEDIATELY REPORTED TO THE SUPERVISOR.

EMPLOYEE NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____