

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons

New Bern, North Carolina 28560-6704

TELEPHONE: 1.252.635-1232 FACSIMILE: 1.252.635-5164

Member of: ARC
CARF Accredited

Electronic Signature Policy

As an employee of Human Resources Unlimited, Inc., I acknowledge and agree to the following by my signature:

Passwords or other personal identifiers shall be controlled to ensure that only the authorized individual can apply a specific electronic signature. Passwords will be changed at least every six months.

I accept responsibility and accountability for the use of my electronic signature. As an employee, I am the only who will be given access and use of my specific signature code/password.

My electronic signature shall be under my sole control, and I will not delegate my electronic signature authorization to another person.

As an employee, I will ensure that my electronic signatures (code/password) are safeguarded against unauthorized users at all times. I acknowledge and accept that improper or unauthorized use of my electronic signature is subject to sanctions as defined by local, state, and federal authorities. If the application is unavailable, I will contact an administrator to decide how to complete the signing process.

(Printed Name)

(Signature)

(Date)

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE 252.635-1232
FACSIMILE: 1.252.635-5164

DIRECT DEPOSIT OF PAYROLL

Direct deposit is a service in which your payroll funds are sent electronically to the financial institution of your choice. The funds will be credited to your account on your scheduled payday. Since payroll direct deposit is considered a cash deposit by the bank, there will be no hold on your funds. This means that you can cash a check, write checks or make a withdrawal at your bank's ATM on payday. We will continue to provide you with information on the amount of your net pay along with any deductions.

To receive the many benefits of this service, you will need to sign an authorization for us to automatically credit your checking account, saving account or payroll card each payday. We will transmit your payroll information to the Company's bank for processing. The information will then be transmitted to your bank or savings institution for credit to your account.

Please check one of the following options and return the form to the appropriate department.

____ I already have a bank account and have provided my information below.

____ I will need a payroll card.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize _____, herein called COMPANY, to initiate my ____ Checking Account/ ____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

(Please Print)

Date _____ Signature _____

ATTACH VOIDED CHECK BELOW

Human Resources Unlimited, Inc.

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

Telephone: 1.252.635.1232
Facsimile: 1.252.635.5164

Mentor's Unscheduled Call Out Procedures:

Mentor agrees to provide the service and the amount of time as scheduled.
Mentor agrees to contact their supervisor at least 6 hours before a work absence.

Mentor's Signature

HUMAN RESOURCES UNLIMITED, INC

**116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704**

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

ACKNOWLEDGEMENT OF MANDATORY TRAINING

As an employee of Human Resources Unlimited, Inc., there are areas to training that are required. You will be notified as far in advance as possible of such training events; however, some of the training events will be set up on an as needed basis and notification may be less than 24 hours. You will be expected to attend the first available event after your employment.

The required training provided by HRU is:

1. Innovations/ I/DD Core Competencies must be completed PRIOR to your employment at HRU, (if applicable)
2. Medication Administration Recording (MAR, if applicable)
3. Bloodborne Pathogens
4. CPI – must be completed prior to employment at HRU,
5. CPR & First Aid – must be completed prior to employment at HRU

By signature, I acknowledge that I understand that I must attend the first available scheduled training events as outlined for me above. I have had the opportunity to ask questions concerning the requirements and trainings for the attendance of these events.

DSP Signature

Date

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE 252.635-1232
FACSIMILE: 1.252.635-5164

Statement of Back Safety Training

Name: _____

Date: _____

Statement:

I have received the following materials and have read them and will follow the recommendations therein:

Manual Material Handling Guidelines

Back Injury Prevention for Health Care Providers

Reducing Employee Back Injuries in Skilled Nursing Facilities

Viewed the Safe Lifting for Healthcare Providers Video

____ I decline to offer a back-support device.

____ I accept the offer of a back-support device and agree to
return the back-support device to HRU if employment is terminated

Direct Support Professional

Date

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE 252.635-1232
FACSIMILE: 1.252.635-5164

CPR/FIRST AID PAYMENT FORM

CPR/First Aid class is \$50 for new employees. Yearly re-certifications are no charge. All payments must be received on the day of training (cash only) to the CPR/First Aid Instructor.

I, _____ (print name) am aware and agree to make \$50 payment to the CPR/First Aid Instructor in order to be in compliance with trainings for HRU to become a para-professional mentor.

_____ (DSP SIGNATURE)

_____ (DATE)

_____ (HRU STAFF SIGNATURE)

_____ (DATE)

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

COMMUNICABLE DISEASES

In carrying out my duties as employees of Human Resources Unlimited, Inc., I clearly understand that I may be exposed to communicable diseases and that it is my responsibility to immediately report any suspected reportable communicable disease to my supervisor, Coordinator, or Director, who on turn will immediately investigate and contact the Local Health Department as required by G.S 130-81. It is the responsibility of the Director to ensure that the information is reported to the Health Department as outlined.

I have received a copy of "Reportable Diseases" in North Carolina. I will retain this document for my records and for future references.

Direct Support Professional Signature

Date

DSP Printed Name

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC
116 MARKET STREET @ MAGNOLIA COMMONS
NEW BERN, NC 28560-6704

MEMBER OF: THE ARC
CARF Accredited

TELEPHONE: 1.252.635.1232
FACSIMILE: 1.252.635.5164

HEPATITIS B VACCINE REFUSAL FORM

I understand that due to my occupational exposure to blood or other potentially infection materials that I may be at risk of coming in contact with and acquiring the Hepatitis B (HBV) infection.

I refuse to be vaccinated with the Hepatitis B vaccination at this time. I understand that by refusing this vaccine, I continue to be at risk of acquiring Hepatitis B, a very serious and sometimes fatal disease.

If I continue to have occupational exposure to blood or other potentially infectious materials and in the future, I want to be vaccinated, I can do so at a cost to me.

Further, knowing the risk of which I am exposed to concerning Hepatitis B, I hold HRU harmless and blameless for any conception of the Hepatitis B disease which may occur due to the occupational in which I am employed.

DSP Signature

Date

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

STATEMENT OF UNDERSTANDING

I, the undersigned Mentor/Community Support Worker for Human Resources Unlimited, Inc. acknowledge the receipt of the following documents:

1. Policy and Procedures tables of contents
2. Mentor Handbook
3. Employee Handbook
4. Notes and Time Sheet(s)
5. Supervision
6. Innovation Waiver //DD Documentation

I agree to abide by the contents thereof and understand that if I fail to do so, I will subject myself to disciplinary action from Human Resources Unlimited, Inc. as per Mentor Handbook guidelines.

DSP Signature

Date

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

SAFETY HANDBOOK ACKNOWLEDGEMENT

I acknowledge the receipt of the Safety Handbook.

DSP Printed Name

DSP Signature

Date

HRU Representative

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

AUTO HAZARD KIT RECEIPT ACKNOWLEDGEMENT

I acknowledge the receipt of the Auto Hazard Kit which includes: A First Aid Kit and Mouth Shield. I further acknowledge that I have been informed that this kit needs to be in the interior of my vehicle when transporting consumers. I also acknowledge that should I find it necessary to utilize the kit, I am required to submit an incident report. (This kit is intended for the sole use of the mentor in maintaining the safety and welfare of the consumer). I understand that as a normal part of my supervision with HRU, this kit is subject to inspection.

Furthermore, I understand that his kit is the sole property of HRU and as such, promise to return said kit in a serviceable condition upon my discharge or termination. Should the kit not be returned or found not to be in serviceable condition, my final check will have the replacement cost deducted from it and that replacement cost is \$40.

Employee Printed Name

Employee Signature

Date

HRU Representative Printed Name

HRU Representative Signature

Date

HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons
New Bern, North Carolina 28560-6704

Member of: The ARC
CARF Accredited

TELEPHONE: 1.252.635-1232
FACSIMILE: 1.252.635-5164

Auto Insurance Verification

I _____ hereby authorize Human Resources Unlimited to
(DSP'S NAME)

Contact my Insurance Agency to verify Auto Insurance Coverage.

This consent shall be valid indefinitely.

Employee

Date