



9040 Town Center Parkway Lakewood Ranch, FL 34202
941-487-3665 | www.rightaccordhealth.com

Employee Handbook Acknowledgement

Please read this agreement very carefully. Your signature indicates that you agree to the outlined terms. A copy of this agreement will be kept on file in RIGHT ACCORD office and you may also have a copy for your records.

1. I have thoroughly read the Policies and Procedures and agree to abide by them.
2. I understand that RIGHT ACCORD provides non-medical care for the elderly. I agree that if I am unsure if a task can be performed I will first check with RIGHT ACCORD.
3. I understand that I will be paid for completed services as per my contract with RIGHT ACCORD.
4. I understand that I will not make any private arrangements with or provide care independently to any client of RIGHT ACCORD during my employment and for one year after leaving employment with RIGHT ACCORD. Any violation of this policy will result in financial liability to RIGHT ACCORD in the amount of 45% of any monies received from these clients.
5. I agree that I will give RIGHT ACCORD two weeks' notice if I decide to terminate my employment. I understand that I will receive my final paycheck on the next regular payday or in some states, within 72 hours.
6. I understand that if I am found to be using drugs or alcohol while on the job, or show up to work in an intoxicated state, these are grounds for immediate dismissal.
7. I understand that if I fail to report to work and fail to notify the office the action indicates that I have voluntarily quit my job without notice.

Employee Signature

Date

By: _____
Right Accord

Date