

Please read this page, sign it, and return it to your Coordinator.

RECEIPT OF AIDE HANDBOOK

I have this received a copy of the _____ (the “Agency”) Aide Handbook. I understand that I am responsible for becoming familiar with its contents, and will seek verification or clarification of its terms or guidelines where necessary.

I understand that any of the provisions of this Aide Handbook may be changed, modified, or deleted at any time and that the Agency has the right to administer, interpret, modify, discontinue or enhance any policy, benefit, plan or program. All such changes will be communicated, and I understand that if I have questions regarding the content, applicability, or interpretation of this Aide Handbook, I will consult with my Coordinator. I understand that this Aide Handbook supersedes all previously issued Handbooks and inconsistent verbal or written policy statements. I also understand that neither this Aide Handbook nor any other written or oral communications by a management representative constitutes, or in any way, creates an implied or express contract or guarantee of employment or continued employment, and that either I or the Agency may terminate my employment at any time, with or without cause or notice, for any reason, or no reason at all.

I have read and I understand the Agency’s policies regarding confidentiality. I pledge to respect the confidentiality of all information pertaining to the Patients and Agency. I have received HIPAA Employee Training from the Agency. In addition, I’ve received a copy of the Sexual Harassment and Retaliation Complaint Form together with this Aide Handbook, as well as a copy of FMLA Employee Rights Notice, NYC Stop Sexual Harassment Fact Sheet, and NYC Pregnancy Accommodations at Work Notice.

NAME (printed): _____ 

DATE: _____

EMPLOYEE SIGNATURE: _____ 

CC: Personnel File