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Your signature below attests to your agreement to the terms and stipulations of the Company's policies and procedures as well as those stated in Optimist Prime Care, LLC New Employee Handbook.

EMPLOYEE ACKNOWLEDGEMENT OF HCA GUIDELINES

This is to acknowledge that I have received the copy of the Home Care Aid Guidelines of Optimist Prime Care, LLC and I understand that it is my responsibility to read and comply with the provisions contained therein and any revisions made to it.

EMPLOYEE ACKNOWLEDGEMENT OF TERMS AND AGREEMENT

I understand in full, the terms and conditions of employment as spelled out in Optimist Prime Care, LLC New employee Handbook and my failure to comply with any provisions of the policies and procedures and other stipulations will result in me not receiving assignment(s) and potential immediate termination of my contract.

ACKNOWLEDGEMENT OF DISCRIMINATION & HARASSMENT PREVENTION AND CORRECTION POLICY

I confirm that I have received a copy of Optimist Prime Care, LLC Discrimination and Harassment Prevention and Correction Policy. I have read the policy, understand, and agree to comply with its provisions. I understand that a violation of this policy may result in disciplinary action.

NAME

SIGNATURE

DATE