

**MAXIMUM CARE INC. AND LEHIGH VALLEY VISITING NURSES INC.
EMPLOYMENT AVAILABILITY AND WORK SCHEDULE ACKNOWLEDGEMENT**

DATE: _____

EMPLOYEE NAME: _____

PHONE/CELL NUMBER: _____

IS YOUR VOICEMAIL SET UP? YES OR NO _____

**It is a requirement to have your voicemail operating to receive messages from our office regarding your work schedule. If it is not set up, you will not receive work from us.

WHAT HOURS ARE YOU ABLE TO WORK MONDAY THROUGH FRIDAY? WHAT IS THE EARLIEST AND LATEST YOU CAN WORK?

WHAT HOURS ARE YOU ABLE TO WORK EVERY OTHER WEEKEND?

WHAT AREAS WITHIN THE ENTIRE ABE AREA ARE YOU WILLING TO DRIVE TO?

WHAT HOLIDAYS ARE YOU WILLING TO WORK AND WHAT SHIFT? _____

WHAT IS YOUR METHOD OF TRANSPORTATION? IS IT RELIABLE – YES OR NO?

BY COMPLETING AND ACKNOWLEDGING THIS FORM, YOU ARE IN UNDERSTANDING THAT LONG CLIENT WORK SHIFTS AT ONE LOCATION ARE LIMITED AND THE MAJORITY OF THE WORK WILL BE TWO HOUR SHIFTS AT MULTIPLE CLIENT HOMES THROUGHOUT YOUR WORK DAY. YOU HAVE THE RIGHT TO ACCEPT OR REFUSE WORK. IF YOU ACCEPT WORK, IT IS EXPECTED YOU WILL GO TO WORK AT THE ASSIGNED WORK TIME AND LEAVE AT THE ASSIGNED LEAVE TIME. IT IS ALSO EXPECTED THAT YOU COMPLETE YOUR TIMESLIP (WHICH IS A FEDERAL DOCUMENT) WITH THE ACCURATE ASSIGNED START TIME AND THE ASSIGNED ENDING TIME. IF

THERE IS ANY SCHEDULE CHANGE SUCH AS RUNNING LATE, OR NEEDING TO LEAVE EARLY, IT IS IMPERATIVE THAT OUR COMPANY IS CONTACTED FIRST SO THAT WE CAN ADJUST THE TIMES AND TO NOTIFY THE CLIENT/CLIENT FAMILY MEMBER AND OR CASE MANAGER OF THE SCHEDULE CHANGE. NOT SHOWING FOR WORK AFTER YOU ACCEPTED WORK WILL BE CONSIDERED CLIENT ABANDONMENT (A PA. DEPARTMENT OF HEALTH AND OFFICE OF LONG-TERM LIVING REGULATION) AND WILL BE REPORTED ACCORDINGLY FOLLOWING CORRECTIVE ACTION.

APPLICANT/EMPLOYEE NAME: _____

DATE: _____