



**IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078**

## IMPERIAL CAREGIVERS

---

1200 Morris Turnpike Ste 3005  
SHORT HILLS, NEW JERSEY 07078  
PHONE (TOLL FREE): (800) 506-7882  
FAX (TOLL FREE): (908) 679-5276

### DECLINE/REFUSAL OF HEPATITIS B VACCINATION

ACCEPTANCE:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

DECLINATION:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

CHECK ONE:

I ACCEPT Hepatitis B vaccine inoculation.      OR

I DECLINE Hepatitis B vaccine inoculation.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



**IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078**

It is the policy Imperial Caregivers and a state law requirement to keep a current physical and 2-Step PPD or equivalent on file for all their employees.

If you cannot provide a physical and 2-Step PPD on the date of your interview, please provide the recruiter with the date on which your physical and 2-Step PPD are scheduled.

Please sign below to acknowledge your receipt of this policy.

Employee's Name: X

Employee's Signature: X



IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078

**RECEIPT FOR CRIMINAL BACKGROUND CHECK**

A Criminal Record check is required in order to be employed by Imperial Caregivers.

By signing below, you are acknowledging that you have paid **\$30.00** to Imperial Caregivers to run a Criminal Background Check on your behalf.

X  
\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

X  
\_\_\_\_\_  
SIGNATURE

X  
\_\_\_\_\_  
DATE



**IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078**

Policy Hand Book

**EMPLOYEE ACKNOWLEDGEMENT FORM**

The employee Manual describes important information about Imperial Caregivers, and I understand that I should consult the Executive Office regarding any questions not answered in the Manual.

I have entered into my employment relationship with Imperial Caregivers voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Imperial Caregivers can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Manual may occur, except to Imperial Caregivers's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the chief executive officer of Imperial Caregivers has the ability to adopt any revisions to the policies in this Manual.

Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I have received the Manual, and I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

EMPLOYEE'S NAME (printed): **X** \_\_\_\_\_

EMPLOYEE'S SIGNATURE: **X** \_\_\_\_\_

DATE: **X** \_\_\_\_\_



**Primary Policies and Procedures**

- If you are calling off from your scheduled shift, you MUST call no less than four (4) hours prior to the start of that shift.
- If you are calling any time other than during regular office hours, Monday through Friday 8:30am – 5:00pm, to call off for your scheduled shift, you must call the on call phone at (TOLL FREE): (800) 506-7882
- Time/Task and mileage sheets MUST be turned into the office **EVERY Saturday by midnight**. They can be faxed, mailed or dropped off at the office.
- If you would like to request time off it must be submitted to the office, in writing, using the appropriate form, no less than 30 days prior to the day you would like off. If you request time off less than 30 days in advance, your request can be denied and you will be required to work your shifts as scheduled.
- It is your responsibility to ensure you have the supplies you need at your clients residences, i.e. gloves time/task sheets. These are available for you to pick up at the office BEFORE you run out. It is not the responsibility of the office staff to run this item to you. If you are located a distance from our office one weeks' notice is required for us to mail them to you. This allows for ample shipping time.
- Please be advised not all policies and procedures are covered in this policy. All policies are listed in the employee handbook. It is your responsibility to read and understand the handbook and if you have any questions please contact the office.

I, (Applicant's Name) x \_\_\_\_\_, I have read, initialed and understand the above policies and procedures. I also understand that any violation of these will result in a written warning which will become part of my permanent file. I further understand that multiple violations could result I termination of my employment with Imperial Caregivers.

Applicant's Signature: x \_\_\_\_\_

Date: x \_\_\_\_\_



## EMPLOYEE / CONSUMER NONDISCLOSURE FORM

I, X, agree to not disclose **ANY** personal information to **ANY** consumer, including: phone number, address, wages, and home information. I further agree to inform all consumers to contact Imperial Caregivers Customer Service Department or the Scheduling Department regarding **ANY** change in the current schedule.

EXAMPLE: If a consumer wants to change the day or time of service, I would tell the consumer to call the Customer Service or Scheduling Department at the above phone numbers.

I will not honor any changes to the schedule given to me by **ANYONE** other than the Imperial Caregivers Scheduling Department.

X  
Signature of Caregiver

X  
Printed Name of Caregiver

X  
Date