PRESTIGE
Companion & Homemakers, LLC
Your Safety, Your Independence, Our Priority

CAREGIVER
POSITION AGREEMENT
AND NON-SOLICITATION AGREEMENT

By and between the Caregiver, Guy L. Riddick, Jr., and Prestige Companion & Homemakers, LLC.

Caregiver Position Summary Statement

I will assist Prestige in retaining clients by following these standards with exactness.

Job Summary

1. The Caregiver is responsible for the overall care for specifically assigned client(s) and follow care plan.
2. The Caregiver is responsible for learning and implementing the five core values of Prestige otherwise known as "The Prestige Promise."
3. The Caregiver is responsible for delivering The Prestige Experience to each client.
4. It is the duty of the Caregiver to communicate all schedule changes, concerns, and any other pertinent care related issues directly to Prestige Management for any given client they have been assigned to.
5. The Caregiver is responsible for documenting, according to the documentation system set forth by Prestige Management.
6. The Caregiver is responsible for studying and executing each "care plan" with exactness for each client they are assigned to.
7. It is expected that each caregiver performs the duties that are outlined in each care plan. I understand that if I have a concern with any of the duties, listed below, that I would immediately express that concern to Prestige Management who can assist with additional training on any of the items.

1. Warm companionship
2. Meal planning and preparation
3. Light housekeeping
4. Bathing assistance
5. Incontinence related duties
6. Errands & shopping
7. Occasional transportation
8. **Medication reminding**
9. The Caregiver is accountable for accurately and honestly clocking in and clocking out using **our timekeeping system**.
8. The Caregiver is responsible for understanding the difference between lifting and transferring and must never lift a client, under any circumstance.

Standards of Dress

1. Caregivers must ALWAYS, unless advised by Prestige Management for a specific client or facility, wear appropriate clothing.
2. Caregivers found wearing any inappropriate and outside of our dressing policy will be put on probation for 60-days. During the probation period, the caregiver will be reevaluated. If the caregiver is found not wearing appropriate clothing for a second time, during the 60-day probation, they will be terminated.
3. Clothes must be washed, ironed and kept clean during client(s) visits. Wrinkled/dirty clothing will not be tolerated.
4. Caregiver must wear company supplied name badge during working hours.
5. Body piercings are not allowed while caring for a client and all tattoos must be completely covered by the attire.
6. Hair and makeup, if applicable, must be modestly done and appear professional.
7. NO opened toe or high heel shoes are allowed while on the job. This can cause injury to you and your client.

Standards of Behavior

1. Inappropriate and/or offensive language, jokes, and the like are prohibited. Such behavior presents a very unprofessional image and would reflect poorly on Prestige.
2. You must never discuss your salary/wages with clients and other staff.
3. It is inappropriate to solicit any type of other business, like multi-level marketing, to Prestige clients or family members while under our employment. Any violation may result in immediate termination.
4. Prestige does not tolerate any form of harassment – Sexual harassment, intimidation, creating an uncomfortable work environment or threats will result in termination. Prestige has a zero tolerance for violence.

Position-Specific Standards

The Prestige Promise (Our 7 Core Values)

1. Professionalism

- ✓ I will wear the **Prestige badge and appropriate clothing** to each shift, unless otherwise authorized by Prestige Management.
- ✓ I will never discuss with a client(s) or their family members **personal matters** that would appear unprofessional by Prestige's standards. Such personal matters can put a client in an awkward position and create a negative atmosphere for Prestige and the caregiver.
- ✓ I will always be professional and **respect the client's physical items and privacy**.
- ✓ I will **NEVER give a client's phone number** to anyone, including my own family. If someone needs to get a hold of me I will have him or her call Prestige first who will contact me at the client's home if it is an emergency.
- ✓ I will **never give** my **personal information**, including my address and phone number, to any client or family member when asked.
- ✓ I will **never call a client directly**, unless authorized by Prestige Management.
- ✓ I will not smoke on my way or during a shift. I will also make sure my clothes do not smell of smoke while on a shift.
- ✓ I will **turn** my **cell phone off** while at a client's house and will NEVER make or take personal calls while working a shift unless otherwise authorized.
- ✓ I will **not speak poorly of other team members** to clients and their families. This includes Prestige employees and other professional healthcare staff involved in the care of Prestige's clients. If I do have an issue with a team member, I will speak to Prestige management.
- ✓ I will **never speak ill or negatively of Prestige** in the presence of a client, another caregiver or family member. I understand that Prestige has an open-door policy and if I have grievances or concerns about Prestige, I will talk directly to the Management.
- ✓ I understand that **I am an employee of Prestige** and that all care related issues must be communicated directly with Prestige Management and not the client.
- ✓ I understand that **Prestige** is responsible for the client I am assigned to.
- ✓ I will **respect the authority of Management** and comply with any legal direction of management. If for some reason I have a concern about any of the Prestige Management team, I understand that I can express this to the Human Resource.

2. Consistency

- ✓ I will **follow each care plan** and make sure that my clients get the same **high level of care** each time I visit.
- ✓ I will always accurately clock in and clock out using the **timekeeping** system set forth by Prestige. If I forget to use the telephone system, I agree to immediately notify the office so they can adjust the schedules accordingly.
- ✓ If I am a live-in or am required to **fill out a timesheet** for any reason, I will fill it out accurately and turn it into the office no later than 2pm every other Monday. (Pick up or other arrangements can be scheduled/made as well-for live-ins only)
- ✓ I understand that Prestige will not tolerate **tardiness.** I agree to be on time to every shift and understand that excessive tardiness will result in termination.
- ✓ I will not ask for **excessive days off. Excessive absenteeism is 3 callouts in a 90day period or calendar quarter.**
- ✓ When I do take days off, I will **ALWAYS notify the office 10 business days in advance of the time I need off**, unless in dire emergencies and unusual circumstances. Failure to comply with this rule may result in disciplinary action, including immediate termination.
- ✓ I will **document** the duties performed for the client in the documentation logs at the end of each visit. The documentation will include tasks performed for the client. I will **note/narrate all duties, not included on the documentation checklist**, in the notes section of the documentation logs. Such narrative notes will be readable and clear for Prestige Management. If I fail to document, during each shift, I may face disciplinary action up to including termination.
- ✓ I will keep my **employee file up to date.** This includes a yearly driving record, auto insurance (whenever it is renewed), and all other necessary documentation as requested by the office staff.
- ✓ I will strive to **be proactive** when working with Prestige's clients and make sure that I never leave a client's home without it looking better than when I arrived. That includes a clean kitchen, bedrooms, bathrooms, etc., if requested in the Care Plan.
- ✓ Whenever possible, I agree to **fill-in for Caregivers** unable to make it to their shift because I understand that I may need the same from them at some future point. I agree to always communicate such requests or fill-ins to the office immediately.

3. Integrity

- ✓ I will always **be honest** to Prestige and their clients.
- ✓ I understand that all client information in the **care plan is confidential** and must not be shared with others outside Prestige.
- ✓ I will **never take advantage** of Prestige's clients in any way.
- ✓ I will always strive to **fulfill my responsibilities** outlined in each client care plan.
- ✓ I will always be **honest when documenting,** at the end of each shift, what I did for the client that day.
- ✓ I will **never solicit a Prestige client for private care.** (Please read the General Standards section for more on this subject).

4. Compassion

- ✓ I will always strive to adhere to Prestige's mission of ***"performing my collective duties with confidence, concern, commitment, cheerfulness and care. I will treat every contact as a friend, every client as family and perform every task with honor."***
- ✓ I will **treat each client with respect and dignity** and remember that they are adults.

5. Quality training

- ✓ I will complete in services in a timely matter and complete at least eight per year. I understand that my compensation for these in-services is in the knowledge I will gain.
- ✓ I will strive to **seek out education** that would enhance my skills as a Caregiver.
- ✓ I will complete the required annual PCA training, as required by the State Health Department, each year while employed with Prestige. I understand that my participation in in-services will fulfill that requirement.

6. Safety

I will **never lift a client, under any circumstance**. If a client falls, I will not panic. I will get them comfortable and call the necessary emergency contacts and 911 if instructed in the care plan. But I will NEVER try and pick them up, even if they ask me to.

- ✓ I understand that by lifting someone, I **could injure myself as well as the client**.
- ✓ I understand that Prestige can lend me a **safety belt**, if I desire.

Safety for the client and myself are foremost in my mind and I will never do anything that would jeopardize that safety.

7. Non-Solicitation of Clients & Confidentiality

- ✓ I agree that while employed by the Company, and for a one-year period following termination of my employment with the Company for any reason, **I will not provide any care to any client of the Company that I provided care to while employed by the Company**, whether contracting directly with to the client, or as an employee, agent, contractor, owner or officer of any other company. If I violate this provision, I agree to pay the Company half of any compensation paid by such client for services provided in violation of this provision, and to pay the Company's attorneys' fees and costs for enforcing this provision. I agree that if I violate this provision, the Company may obtain an injunction against me to prevent me from violating this agreement. I also understand that the clients have signed a Contract with Prestige that financially penalizes them for hiring away Prestige caregivers for private work and by violating this policy I am also causing them to violate their Contract.
- ✓ I acknowledge that I will protect all Company proprietary information, including any client lists or other client information, and that I will only use such information for the benefit of the Company, and not disclose it to any other person or entity. On termination of my employment, I agree to return all such information to the Company, and retain no copies of the same, whether in hard-copy or electronic form.

General Standards

1. I have thoroughly read the Policies and Procedures and agree to abide by them and understand that failure to abide by any of them above or below may result in termination.
2. I understand that Prestige provides non-medical care for the elderly and the disable. I agree that if I am unsure if a task can be performed, I will first check with Prestige.
3. I understand that I will be paid for completed services by the hour or by the job, depending on instructions from Prestige.
4. I agree that I will give Prestige two (2) weeks' notice if I decide to terminate my employment. I understand that I will receive my final paycheck on the next regularly scheduled payday.
5. I understand that if I am found to be using illegal drugs or alcohol while on the job, or if I show up to work in an intoxicated state, these are grounds for immediate dismissal.
6. I understand that if I fail to report to work and fail to notify the office, that I will be considered to have voluntarily quit my job without notice. I understand the company is entitled to report any violations of law relating to care to the appropriate governmental authorities, including for abandonment of a patient.
7. I understand that Prestige encourages Caregivers to recommend ideas for the vision of the company. We at Prestige realize that some of the best ideas come from the Caregivers who openly share best practices and are constantly looking for better ways to help our clients remain independent at home.

By signing this policy, I acknowledge that my employment is "at-will," which means that either of us may terminate the employment relation at any time for any reason. No exception to at-will employment is effective unless in a writing signed by the president of the Company. I acknowledge I have relied on no promises or representations in accepting this position.

By Signing, I am agreeing to accept every policy, as stated, in this hiring agreement.

Guy L. Riddick, Jr. — Signature (Caregiver)

July 23, 2020 — Date

Guy L. Riddick, Jr.
Name (please print)

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13 - Universal Precautions: Safety Training

EH&S – MGA

Goals: This safety session should teach you to:

A. Know what bloodborne pathogens are and how they spread.
B. Understand why and how to follow universal precautions.

OSHA Regulations: 29 CFR 1910.1030

1. The Bloodborne Pathogens Standard Helps Prevent Exposure to HIV and HBV

A. Bloodborne pathogens are disease-causing microorganisms in blood and other body fluids.
    1. HIV is the bloodborne pathogen that causes AIDS and destroys the immune system, preventing the body from fighting disease.
    2. HBV, or Hepatitis B, is the bloodborne pathogen that infects the liver and can lead to such problems as cirrhosis or liver cancer.
    3. OSHA's Bloodborne Pathogens Standard covers the steps employers and employees must take to prevent exposure to possibly infected blood or other body fluids.
    4. The regulation applies to workers at health care facilities, emergency responders, law enforcement professionals, and others whose jobs could expose them to human body fluids.
    5. Note for those who work in hospitals: The Centers for Disease Control and Prevention (CDC) recommends following "standard precautions," which expand precautions to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

2. HIV and HBV Are Spread Through Direct, Not Casual, Contact; HIV and HBV are transmitted by:

A. Sexual contact, shared drug needles, being stuck by an infected needle or other sharp instrument, or direct contact between broken or chafed skin and infected body fluids.
B. HBV is also spread by contact with caked, dried blood and contaminated surfaces. HIV and HBV are not spread by:
C. Coughing or sneezing, touching an infected person, or sharing equipment, materials, toilets, water fountains, or showers with an infected person

3. Universal Precautions Prevent the Spread of Bloodborne Infection

A. Universal Precautions means: Treat all blood and body fluids as if they are infectious.

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4. Universal Precautions Include Using PPE to Prevent Possibly Infectious Contact

A. Wear gloves if there's a risk of direct contact with body fluids or with possibly contaminated items or surfaces.
B. Bandage cuts or broken skin before putting on gloves.
C. Wear eye and face protection if there's a risk of blood splashes or sprays.
D. Wear protective clothing if there's a risk of contact with body fluids.
E. Use only PPE that's been inspected for damage before wearing.
F. Remove contaminated PPE carefully so contamination doesn't touch your skin.
G. Dispose of contaminated PPE in proper containers so contamination can't spread.

5. Universal Precautions Include Good Hygiene

A. Wash hands and exposed skin carefully with soap and water after exposure.
B. Flush eyes, nose or mouth with water as soon as possible after contact with blood or potentially infectious materials.
C. Don't eat, drink, smoke, apply cosmetics, or handle contact lenses in areas that could contain infectious materials.

6. Universal Precautions Include Avoiding Direct Contact with Sharps

A. OSHA says to treat all sharps as though they're contaminated.
    1. Don't shear or break or bend needles.
    2. Don't reach your hand into a container that might contain sharps.
    3. Use tongs or a similar tool, not your hands, to clean up broken glass.
    4. Place all used sharps immediately in puncture-resistant, leakproof containers.

7. Apply Universal Precautions to Possibly Contaminated Materials and Surfaces; OSHA requires:

A. Prompt and proper cleaning and decontamination for equipment or surfaces that have had contact with blood or potentially infectious materials
B. Wearing gloves and using leakproof transport containers to handle laundry that may have had contact with blood or other potentially infectious fluids

Summation: Precautions Prevent Exposure to Bloodborne Pathogens

Take care to avoid direct contact with blood or other body fluids and to thoroughly clean and decontaminate anything that does make that contact.

Guy L. Riddick, Jr.
Signature

July 23, 2020
Date

Guy L. Riddick, Jr.
Print Name

Protective Services for the Elderly

The Protective Services for the Elderly Program (PSE) is designed to safeguard people60 years and older from physical, mental and emotional abuse, neglect, abandonment, and /or financial abuse and exploitation. This includes allegations of abuse or neglect of residents in long-term care facilities.

Types of Abuse

- **Abuse:** The willful infliction of physical pain or mental anguish or the willful deprivation by a caretaker of services, which are necessary to maintain physical and mental health.
- **Neglect:** The situation in which an elderly person is unable to take care of his or her needs or is being neglected by a caretaker responsible for providing services to maintain the person's physical or mental health.
- **Exploitation:** The act or process of taking advantage of an elderly person, whether for monetary or personal gain.
- **Abandonment:** Refers to the desertion or willful forsaking of an elderly person by a caretaker or the foregoing duties, or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

Making a Report

Per CT. General Statutes 17b-451, medical professionals, social workers, police officers, clergy, any person paid for caring for an elderly person by any institution, organization, agency or facility, who believe an elderly person may be abused, neglected, exploited, or abandoned, are required by law to report that information to the **Department of Social Services Protective Services For The Elderly Central Intake Line at (888)385-4225. For after hour emergencies, please call 2-1-1.**

In addition friends, neighbors, family members, and acquaintances who suspect an elderly person is being abused, neglected, exploited or abandoned should also call the PSE Central Intake Line.

Other Information

Safeguards for Reporters: Any person who makes any report cannot be held liable in civil or criminal court when reports are made in good faith.

Failure to report: For mandated reporters, failure to report concerns to the Protective Services for the Elderly Program is considered a misdemeanor and is punishable by Connecticut law.

For the complete law and a list of mandated reporters refer to the Connecticut General Statutes: 17b 450- 461 inclusive.

Services

A Department of Social Services worker meets with the elderly person and his or her family to determine unmet needs, and depending on the circumstances develops a plan to address those needs. When necessary, staff will intervene immediately to safeguard the individual's health and well-being.

The underlying goals behind the social worker's efforts are:

- preserving the elderly person's right of self-determination
- helping him or her remain in the preferred living situation, whenever possible
- preventing injury or bodily harm
- safeguarding legal rights

In addition to supportive counseling, the plan may include arranging for and coordinating any of the following services:

- adult companion
- adult day care
- homemaker, housekeeper or chore-person
- meals-on-wheels
- emergency response system
- emergency placement, if appropriate

Protective Service Referrals:

If you suspect or believe that an elderly person is a victim of abuse, neglect (including self-neglect) exploitation or abandonment contact the Protective Service Intake Lines listed below:

During Business Hours:
In-State:
1-888-385-4225 (Toll Free)

Out of State:
1-800-203-1234 (Toll Free)

After Hour Emergencies:
In-State:
2-1-1 (Toll Free)

Out of State:
1-800-203-1234 (Toll Free)

Protective Services for the Elderly is administered by the Connecticut Department of Social Services.

After hours telephone contact is provided by the United Way of Connecticut: 2-1-1

Protective Services for the Elderly Online Resource:
www.ct.gov/dss/protectiveservicesforelderly

Guy L. Riddick, Jr.
Caregiver name (PRINT)

Guy L. Riddick, Jr.
Caregiver Signature

July 23, 2020
Date

Prestige Representative

DSS Publication 95-8
Revised 6/2015

State of Connecticut

Department of Social Services

Protective Services for the Elderly Program

DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: Prestige Companion & Homemakers, LLC

In connection with your application and/or employment with above listed Company (hereinafter "the Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report," as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing.* The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report (criminal background check) at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

Guy L. Riddick, Jr — Signature

July 28, 2020 — Today's Date

Guy L. Riddick, Jr. — Full Legal Name (please print)

Other or Former Names (please print)

15 Society Hill — Address

Waterbury, CT — City/State

New Haven — County

06704 — Zip

07/10/1986 — Date of Birth**

029-70-1947 — SSN

Guy L. Riddick, Jr.. — Name on Driver's License (if different from legal name)

197798269 — Driver's License #

CT — State issued

475-313-3239 — Contact Phone Number

Gridd35@gmail.com — E-mail address

***To perform a GA Statewide search, the GCIC requires the applicant to have signed the authorization form within the last 30 days.**

****This information will be used for background screening purposes only and no other purpose.**

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Aide Skills Inventory

Date: 7/29/2020 Caregiver Name: Guy L. Riddick, Jr. CNA _____ OTHER _____

Please mark an X in the appropriate box next to each entry based on your experiences in patient care.

Skill	Experienced	Needs Review	Not Capable	Skill	Experienced	Needs Review	Not Capable
SPECIALTY CARE				**PERSONAL CARE**			
Infant 0-2 yr	X			Tub Bath/Shower			X
Pediatric 2-13 yr	X			Bed Bath/Sponge Bath			X
Adolescent 13-18 yr	X			Hair Care			X
Adult		X		Oral/Mouth Care			X
Geriatric			X	Denture Care			X
Alzheimer's/Dementia			X	Hearing Aids			X
Parkinson's Disease			X	Skin Care/Grooming			X
Hospice Care			X	Shaving			X
Spinal Cord Injury			X	Nail Care			X
Brain/Head Injury			X	Foot Care			X
Stroke			X	Pressure Sore Precautions			X
Amputee			X	**NUTRITION**			
Diabetes		X		Prepare/Serve Meals		X	
Cardiac/Heart			X	Fluid Restrictions		X	
Pulmonary/Respiratory			X	Assist with Feeding		X	
HOMEMAKING				Intake/Output Readings		X	
Laundry/Washer/Dryer	X			PEG Site Care			X
Dishes/Dishwasher	X			Swallow Precautions			X
Linens/Making Beds	X			**UNIVERSAL PRECAUTIONS**			
Vacuum/Mop	X			Use of Protective Equip.	X		
Garbage Disposal	X			Masks	X		
Blender	X			Gloves	X		
TRANSFERRING				Gowns/Aprons	X		
Wheelchair	X			CPR Shields	X		
Pivot			X	**VITAL SIGNS**			
Repositioning		X		Temperature	X		
Hoyer			X	Pulse	X		
Slide Board			X	Respirations		X	
DRESSING				Blood Pressure	X		
Upper Body	X			**TOILETING**			
Lower Body	X			Toilet Transfers			X
Sock Aids	X			Bedside Commode			X
Shoe Horn	X			Use of Bedpan/Urinal			X
Immobilizers		X		Foley Cath Care			X
TED Hose/Elastic Stockings		X		Empty Ostomy			X
Orthopedic Devices				Use of Diapers/Depends			
Prosthesis			X	**AMBULATION**			
OTHER				Use of Gait Belt		X	
Medication Reminders	X			Range of Motion		X	
Weight/Scale	X			Weight-bearing Restrictions		X	
Languages Spoken	English			Ambulation with Devices(Cane, walker...		X	

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Request for Employment Verification

Company: Fed Ex Ground Phone: 860-807-4617

Street: 49 Fed Ex Drive City: Middletown State: CT Zip: 06457

Name of Applicant: Guy L. Riddick, Jr Position Held: Package Handler

Dates of Employment: from 02 / 25 / 2020 to Present / /

Reason for Leaving: Resignation Termination Temporary Employment

Eligible for Rehire? (X) Yes ( ) No If no, please clarify:

	Excellent	Good	Fair	Poor	Comments
Quality of Work					
Job Knowledge					
Attitude					
Dependability					
Initiative					
Judgment					
Appearance					
Attendance					
Punctuality					
Ability to Relate to Supervisors					

Additional Comments

Signature: Title: Date:

Authorization to Provide Reference Information

I, the undersigned, having applied for a position A Personalized Home Care Agency, Inc., do hereby authorize you, my former employer, to provide A Personalized Home Care Agency, Inc. with the information requested. I hereby authorize you to furnish any or all information regarding my employment record, as well as any other pertinent information. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever which may result from the information provided.

Guy L Riddick, Jr — Signature
July 28, 2020 — Date
Guy L. Riddick Jr. — Print Name

Self-Identification Form

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Prestige Companion and Homemakers, LLC. is requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal Affirmative Action regulations.

Employee Name (Last, First, & Middle)	Position	Date
Riddick, Guy L.	Companion	July 28, 2020

☒ Male	☐ Female	☐ I choose not to self-identify
☐ White (Not Hispanic or Latino)		☒ Black or African American (Not Hispanic or Latino)
☐ Hispanic or Latino		☐ Asian (Not Hispanic or Latino)
☐ American Indian/Alaska Native (Not Hispanic or Latino)		☐ Native Hawaiian Or Pacific Islander (Not Hispanic Or Latino)
☒ Two Or More Races (Not Hispanic Or Latino)		☐ I Choose Not To Self-Identify

Government contractors are required to take affirmative action to employ and advance in employment veterans in the following classifications:

- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. \
- An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- A "**disabled veteran**" is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts.

☐ I identify as one or more of the classifications of protected veteran listed above
☒ I am not a protected veteran
☐ I decline to disclose my protected veteran status

If you are disabled veteran, please let us know if there any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold.

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Congratulations!

You are being hired as a per diem caregiver and or program support staff to provide the following services for Prestige Companion & Homemakers, LLC:

- Companion Services pay rate $11.00 per hour
- Homemaker services starts at $11.00 per hour
- Personal Care Assistance (PCA) services starts at $11.00 per hour to $12.00 per hour (based on experience)
- Overnight services pay $11.00 per hour
- ABI Companion pays $11.00 per hour
- ABI Homemaker services starts at $11.00per hour to $11.50 per hour
- ABI Personal Care Assistance (PCA) services starts at $11.00 per hour to $12.00 per hour
- ABI ILST starts at $12.00 to $15.00 per hour
- Overnight services (asleep shift) pays $11.00 per hour
- Overnight services (awake shift) pays $11.50 per hour

Pay and ours may vary based on type of services, client choice, performance, education and experience.

I, Guy L Riddick, Jr agree to the pay rates stated above, and I understand that my pay rate and or hours could change based on client choice and the type of service I provide. I understand that as a per diem employee hours of work may vary and there is no guarantee of weekly hours.

Guy L. Riddick, Jr
Caregiver Signature

July 28, 2020
Date

Administrator Signature

Date

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DRUG FREE WORKPLACE POLICY

Prestige Companion & Homemakers, LLC we are committed to maintaining a safe and pleasant environment for our providers and clients Prestige Companion & Homemakers, LLC we are committed to operating and maintaining a drug-free workplace. Some of our client and facilities require a pre-employment workplace and/or random drug testing. We will require our staff to comply with any and all facility policies and procedures regarding drug testing. Prestige Companion & Homemakers, LLC reserves the right to randomly drug test staff. Any staff who is found to be in violation will be subject to disciplinary action up to and including termination.

I, Guy L. Riddick, Jr have read and fully understand Prestige Companion & Homemakers, LLC Drug Free Workplace policy. Also, I, Guy L. Riddick, Jr, agree and am willing to be randomly drug tested at the request of Prestige Companion & Homemakers, LLC

Guy L. Riddick, Jr July 28, 2020
Signed Date

Witness Date

PRESTIGE
Companion & Homemakers, LLC
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LIVE-IN AGREEMENT

I, Guy L. Riddick Jr agree that as a live-in caregiver, I am able to have 8 or more hours of sleep time; of which 5 hours is uninterrupted. In addition, I am allowed 3 hours of meal time and 3 hours break time daily.

I understand that times when breaks are taken will and may vary from day to day based on client's needs. Unless otherwise stated, breaks are to be taken on client's premises free from any direct care. However, caregiver must interrupt break if clients need any assistance, and resume after assisting client.

It is my responsibility as a caregiver to document on my timesheet if this changes on any given day when my 5 hours of sleep time is interrupted or if I am unable to take any of my breaks due to client's needs. It is also my duty to notify management at 203.262.0046 of this each and every time it happens. If this becomes a pattern, it will be addressed so the caregiver will have adequate sleep and/or break time.

Caregiver's Name: Guy L Riddick, Jr. Date: July 28, 2020

Signature: Guy L. Riddick, Jr

(I hereby certify that I have read, understand and accept that based on daily routine assessments conducted by Prestige Companion & Homemakers, LLC, I, the Live-in caregiver, agrees that the total hours documented in each 24hr period (from 12:00am 11:59:pm each day) should be consistent with the actual hours worked. Which breaks down to having 8hrs or more scheduled sleep time, minus 3hrs scheduled meal breaks (3 meals breaks per day, 1hr each) and 3hrs of personal break.)

Workers' Compensation trust

WORKERS' COMPENSATION MEDICAL CARE PLAN

EMPLOYEE

RIGHTS AND RESPONSIBILITY

I Guy L Riddick, Jr. attest that I have read and understand the
Print name

Employee Instructions stating that I must seek treatment, for any work related injury, from a provider of my choice from within the Workers' Compensation Trust provider network.

I understand that if I choose to seek treatment from a physician or provider not listed in the provider directory for a specialty covered by the network, I put my Workers' Compensation claim in jeopardy and may be responsible for the cost of my treatment.

Signature Guy L. Riddick, Jr

Date July 28, 2020

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WORKERS COMP FRAUD POLICY

Here at Prestige Companion & Homemakers, LLC We DO NOT Tolerate workers comp fraud. It is the best interest of both the employees and owners of **Prestige Companion & Homemakers, LLC** to avoid fraudulent workers compensation claims. It is our policy to investigate ALL workers compensation claims, including the use of private investigators to monitor the activities of employees on disability and turn over fraudulent claims to the district attorney for prosecution. Particular attention will be paid to claims with the following characteristics:

- Injuries not usually occurring in the job descriptions, for example, a clerical employee injured when lifting a heavy object.
- Injuries that have no witness other than the worker
- Injuries occurring late Friday or early Monday
- Injuries not reported until a week or more after they occur
- Injuries occurring where the worker would not usually work
- Injuries occurring in anticipation of lay off or termination

Guy L Riddick, Jr.
Employee Name (Type)

Guy L. Riddick Jr. July 28, 2020
Employee Signature Date

Prestige Rep. Date

PRESTIGE
Companion & Homemakers, LLC
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The following guidelines are Prestige Companion & Homemakers, LLC policy on **Cancellations and "No-Call/No-Shows**. It is also a reminder of your responsibilities to Prestige Companion & Homemakers, LLC and your commitment to your clients.

You are an important part of the Prestige Companion & Homemakers, LLC team. When you are given an assignment, you are chosen because you are the most qualified person for the assignment. We make every effort to give you the specific days and hours you request.

You have the right to refuse any assignment offered to you. However, when you accept an assignment, we consider that a commitment on your part to be there on time, appropriately dressed, and ready to do the best job you can.

If you must cancel once you have accepted an assignment, we require a minimum of 4(four) hours notice. When you cancel it must be done personally (we do not accept a cancellation from anyone but you) and you must speak directly with a Prestige Companion & Homemakers, LLC supervisor. Cancellations called in through our message center or left on voice mail are not acceptable and will be viewed as a "No-Call/No-Show".
A text message/ email is NOT a proper way of calling out.

1. If you must cancel an assignment, we require advanced notice of 4 (four) hours. G.R. **(initial)**
2. You must speak directly to a Prestige Companion & Homemakers, LLC supervisor-not leave a message G.R.
3. 3 (three) cancellations occurring within a 2-month (60 day) period will result in the associate being placed on probation for a period of 60 days. You will be notified by telephone and in writing when this occurs G.R.
4. Any cancellations occurring during the probationary period can result in termination of employment. G.R.
5. If you cancel a scheduled weekend shift you will automatically be required to work the following Weekend G.R.
6. No notice of cancellation "No-Call/No-Show" can result in immediate termination of employment G.R.
7. We realize that on a RARE occasion there may be extenuating circumstances involved with a last minute cancellation. In this case it will be evaluated on an individual basis with the associate and a Prestige Companion & Homemakers, LLC supervisor. G.R.

It is your responsibility as an associate of Prestige Companion & Homemakers, LLC to adhere to the above policy. If you have questions regarding the policy, please feel free to ask for clarification.

Thank you for choosing Prestige Companion & Homemakers, LLC we value you as an associate with our company and we are glad to have you!

Employee Signature: Guy L. Riddick Jr. Date: July 20, 2020

Supervisor Signature: _____ Date: _____

PRESTIGE
Companion & Homemakers, LLC
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Employee Direct Deposit

Request

Name: Guy L Riddick, Jr. Branch: 601 Watertown Ave, Waterbury CT

Complete the required information. Allow at least 2-3 weeks for processing. For checking accounts, a copy of a voided check must be provided. For Savings accounts, a copy of a deposit slip must be provided.

DIRECT DEPOSIT 1

NAME OF BANK: FD Community Federal Credit Union

ABA#: 211179568 **ACCOUNT#:** 21226

___CHECKING _X_SAVINGS

I would like to deposit: _X_ **entire Net Pay** _____**$**_____ **%**_____

ATTACH A COPY OF A VOIDED CHECK/SAVING DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institutions (s) listed above. Further, I authorize the financial institutions(s) listed above to accept and to credit any entries indicated by Prestige Companion and Homemakers LLC to my account. In the event that Prestige companion and Homemakers LLC deposits funds erroneously into my account, I authorize Prestige Companion and Homemakers LLC to debit my account not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Prestige Companion and Homemakers LLC has received a written notice from me of its termination in such time and in such manner as to afford Prestige Companion and Homemakers LLC a reasonable amount of time to act on it.

Guy L. Riddick, Jr. — *Employee Signature*

July 28, 2020 — *Date*

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Riddick	Guy	L	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
15 Society Hill		Waterbury	CT	06704

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
07/10/1986	029-70-1947	Gridd35@gmail.com	475-313-3239

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
   OR
2. Form I-94 Admission Number: _____
   OR
3. Foreign Passport Number: _____
   Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

[X] I did not use a preparer or translator. [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Guy L	Riddick, Jr	029-70-1947

Address: 15 Society Hill

City or town, state, and ZIP code: Waterbury, CT 06704

▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) [X] **Single or Married filing separately**
[ ] **Married filing jointly** (or Qualifying widow(er))
[ ] **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ [ ]

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Guy L. Riddick, Jr — **Employee's signature** (This form is not valid unless you sign it.) ▶ July 29, 2020 **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Department of Revenue Services
State of Connecticut

(Rev. 12/19)

Form CT-W4

Employee's Withholding Certificate

Complete this form in blue or black ink only.

Effective January 1, 2020

Employee Instructions

- Read the instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is **less** than or equal to $24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse **is** employed and our expected combined annual gross income is **greater** than $24,000 and less than or equal to $100,500. See *Certain Married Individuals*, Page 2.	A
My spouse **is not** employed and our expected combined annual gross income is **greater** than $24,000.	C
My spouse **is** employed and our expected combined annual gross income is **greater** than $100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income	D

Qualifying Widow(er)	Withholding Code
My expected annual gross income is **less** than or equal to $24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is **greater** than $24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is **less** than or equal to $12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is **greater** than $12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Single	Withholding Code
My expected annual gross income is **less** than or equal to $15,000 and no withholding is necessary.	E
My expected annual gross income is **greater** than $15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Head of Household	Withholding Code
My expected annual gross income is **less** than or equal to $19,000 and no withholding is necessary.	E
My expected annual gross income is **greater** than $19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. ..... 1. _____

2. Additional withholding amount per pay period: If any, see instructions. ..... 2. $_____

3. Reduced withholding amount per pay period: If any, see instructions. ..... 3. $_____

☐ Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____

First name	MI	Last name	Social Security Number
Guy	L	Riddick, Jr	029701947
Home address (number and street, apartment number, suite number, PO Box)			
15 Society Hill			
City/town	State	ZIP code	
Waterbury	CT	06704	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than $5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
Guy L. Riddick, Jr	July 29, 2020

Employers: See *Employer Instructions*, on Page 2.

Is this a new or rehired employee? ☐ No ☐ Yes Enter date hired: _____ mm/dd/yyyy

Employer's business name	Federal Employer Identification Number
Employer's business address	
City/town State ZIP code	
Contact person	Telephone number – –

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Companion & Homemakers, LLC
Your Safety, Your Independence, Our Priority

ACKNOWLEDGMENT STATEMENT

Employee Policy Handbook
Caregiver Agreement/Non-solicitation Agreement Form

PLEASE SIGN AND RETURN THIS STATEMENT TO THE OFFICE

I have received a copy of Prestige Companion & Homemakers, LLC Employee Policy Handbook and the Caregiver Agreement/Non-solicitation Agreement Form. I know that I am responsible to read and understand the contents, and I agree to abide by these policies.

I understand that employment by Prestige Companions & Homemakers, LLC and receipt of this handbook does not constitute a contractual agreement. I understand that employment is at will and can be terminated by myself or the agency at any time for any lawful reason with or without notice.

I understand that the agency has a right to change or modify the employee policies, guidelines and work standards at any time.

Employee Name: Guy L Riddick, Jr.

Employee Signature: Guy L. Riddick, Jr Date: July 29, 2020

PRESTIGE
Companion & Homemakers, LLC
Your Safety, Your Independence, Our Priority

DISCIPLINARY ACTION POLICY:

To ensure the fair and consistent treatment of all Prestige Companion & Homemakers, LLC staff, every employee is held to the same standards of company-wide disciplinary procedures. These procedures are designed to assist management and employees in understanding Prestige Companion & Homemakers, LLC standards of conduct, work rules and performance expectations as well as the disciplinary actions that can result from failure to abide by such.

Prestige Companion & Homemakers, LLC provides for two types of disciplinary action: **Progressive Discipline and Immediate Discharge:**

PROGRESSIVE DISCIPLINE: Depending upon the seriousness of the offense, the disciplinary procedure may begin at any level of the below-outlined progressive process. Causes for progressive discipline are listed (but not limited to) in the section following the below-outlined steps. Any and all incidents of misconduct are considered a step in the disciplinary process as follows:

Step 1: Verbal Warning (First Offense): A corrective meeting to be arranged with the employee by his/her supervisor informing the employee of the violation, corrective action required and the consequences of future violation. The HR Director may be present. This warning is documented/retained in the employee's file with a copy given to the employee.

Step 2: Written Warning (Second Offense): The second time the employee commits any violation, a written warning will be prepared and discussed with the employee by his/her supervisor documenting the violation, additional corrective action required and the potential of discharge for any future violation. The written warning will be signed by the employee's supervisor and the employee. The HR Director may be present. If the employee refuses to sign, such will be noted on this warning. This warning is retained in the employee's file with a copy given to the employee.

Step 3: Final Written Warning OR Discharge (Third Offense): The third time the employee commits any violation, depending on its severity and overall business impact, Prestige Companion & Homemakers, LLC will use its discretion in deciding whether to issue a final written warning or to arrange for the immediate discharge of the employee. If a final written warning is issued, it will be prepared and discussed with the employee by his/her supervisor documenting the violation and the potential of discharge for any future violation. The HR Director or other member of senior management will most likely be present. This warning will be signed by the employee's supervisor and the employee. If the employee refuses to sign, such will be noted on this warning. The written warning is retained in the employee's file with a copy given to the employee. Alternately to a final written warning as step 3 in the progressive discipline procedure, Discharge may be decided upon as explained below:

Step 4: Discharge (Third or Fourth Offense) The third or fourth time the employee commits any violation; the employee will be discharged (dismissed/terminated) from employment at Prestige Companion & Homemakers, LLC. The HR Director or other member of Senior Management may engage in a short-term fact-finding period in which to gather/evaluate pertinent information related to the employee's discharge. At the discretion of Prestige Companion & Homemakers, LLC and during the fact-finding period, the employee may be suspended with or without pay. Termination notes will be prepared by the Human Resources Director or other member of Senior Management. The employee will be discharged in person in a meeting with the employee's supervisor and the HR Director or other member of Senior Management present. Only if extenuating circumstances exist, the employee will be discharged in an indirect fashion (i.e.: telephone, mail).

Causes for Progressive Discipline (not inclusive of all scenarios):

1. Any act or conduct detrimental to the health or safety of a client, co-worker, vendor or any individual associated with Prestige Companion & Homemakers, LLC

2. Excessive absenteeism or tardiness. Excessive absenteeism is defined as three (3) call-outs in a 90-day period.

3. Failure to abide by timekeeping policies.

4. Leaving work prior to the end of a shift or leaving assigned work areas without supervisor's permission.

5. Violation of confidentiality policies/practices.

6. Sexual or other unlawful harassment or bullying of clients, co-workers, visitors or any individuals associated with Prestige Companion & Homemakers, LLC.

7. Failure to meet work performance standards and/or unsatisfactory work performance. Failure to follow Client Care Plans and/or Client documentation procedures.

8. Violation of business conduct including discourteous treatment of clients/co-workers/visitors, malicious use of profane/abusive language, or other inappropriate behavior.

9. Insubordination or willful false statements made to a supervisor.

10. Engaging in horseplay that may contribute to bodily injury or damage to property.

11. Creating or contributing to an unsafe workplace

12. Interfering with another employee's work.

13. Violation of Prestige Companion & Homemakers, LLC dress code and personal appearance policy.

14. Violation of Prestige Companion & Homemakers, LLC smoking policy.

15. Sleeping on the job.

16. Violation of Prestige Companion & Homemakers Phone and Electronic Communications policy.

17. Knowingly making false or malicious statements which would have an adverse effect concerning Prestige Companions & Homemakers, LLC, its clients, its employees or any associated individuals.

18. Conviction of a felony or conviction of a misdemeanor which adversely reflects on suitability of an individual for employment.

19. Assisting or permitting a non-Prestige Companion & Homemakers, LLC employee to enter a non-public worksite area without authorization.

20. Failure to attend mandatory staff meetings or professional development programs.

21. Allowing a professional license or certification to expire.

22. Solicitation of non-Prestige Companion & Homemakers, LLC business during work hours and/or on company property.

IMMEDIATE DISCHARGE:

Some offenses and/or acts of misconduct are of a very serious nature and warrant the immediate discharge/dismissal of the employee. When this occurs, Step 4 entitled "Discharge" as outlined in the above progressive discipline section is executed.

Causes for immediate discharge are listed (but not limited to) below:

1. Abuse/neglect of any client and/or workplace violence situations or fighting with/threatening bodily injury to employees, clients, visitors, or anyone associated with Prestige Companion & Homemakers, LLC.

2. Theft of any property belonging to Prestige Companion & Homemakers, LLC, its clients, employees or visitors.

3. Falsification of employment documents, resume, post offer requirements, licenses, certifications, educational information or other credentials.

4. Falsifying timekeeping/expense records or "signing in time" for another employee.

5. Failure to notify supervisor in the event of an absence from work. No Show/No Call.

6. Possession of firearms, weapons, fireworks, explosives, or any other objects that can be considered dangerous weapons within any Prestige Companion & Homemakers, LLC or client facility.

7. Unauthorized possession, alteration, copying, use, sharing of or reading of Prestige Companion & Homemakers, LLC records or information contained thereof.

8. Consuming alcohol or possession/consumption of illegal drugs during work time or within Prestige Companion & Homemakers, LLC or client facilities.

9. Reporting to work under the influence of drugs and/or alcohol.

I acknowledge that I have read and understand this Prestige Companion & Homemakers policy and procedure.

Print Employee Name Guy L. Riddick, Jr.

Employee Signature Guy L. Riddick, Jr **Date** July 29, 2020