

**Greene Arc, Inc.**  
Policy and Procedure Manual

**900 Disclaimer Statement Pertaining to  
Individuals Visiting at Staff Homes**

**DISCLAIMER STATEMENT PERTAINING TO INDIVIDUALS  
VISITING AT STAFF HOMES**

I, \_\_\_\_\_ am consenting to  
*(Individual Name)*

visit \_\_\_\_\_ in their home  
*(Staff Name)*

for the period of \_\_\_\_\_ to \_\_\_\_\_  
*(Date)* *(Date)*

I understand that while I am visiting, this person will not be working for Greene Arc, Inc. and that the Agency will not be responsible for anything that might occur. I have been invited and choose to go for my own enjoyment, knowing that I could have stayed at my supervised group home.

\_\_\_\_\_  
*(Signature)* *(Date)*

As this individual's parent/guardian, I understand the conditions described above and support this visit. I know that this person will not be working for Greene Arc during this visit, and that the Agency will not be responsible for anything that might occur.

\_\_\_\_\_  
*(Signature)* *(Date)*



**900 Vehicle Request/Denial Authorization**

**VEHICLE REQUEST/DENIAL AUTHORIZATION**

Date(s) Requested and Denied: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*\* Form must be attached to the Greene Arc Monthly Expense report in order to receive reimbursement.*

**VEHICLE REQUEST/DENIAL AUTHORIZATION**

Date(s) Requested and Denied: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*\* Form must be attached to the Greene Arc Monthly Expense report in order to receive reimbursement.*

**VEHICLE REQUEST/DENIAL AUTHORIZATION**

Date(s) Requested and Denied: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*\* Form must be attached to the Greene Arc Monthly Expense report in order to receive reimbursement.*



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## 900 Complaint Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**What is your relationship to Greene Arc? Check the most appropriate box:**

- |   |   |
|---|---|
| <input type="checkbox"/> Individual             | <input type="checkbox"/> Family member of Individual        |
| <input type="checkbox"/> Employee               | <input type="checkbox"/> Legal representative of Individual |
| <input type="checkbox"/> Family Living Provider | <input type="checkbox"/> Other: _____                       |

Please explain your complaint about our practices, providing details as appropriate:

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(Continue on reverse side, if necessary.)

Please provide us with any suggestions as to how we may improve our practices:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Response Sent: \_\_\_\_\_ By: \_\_\_\_\_

Disposition: \_\_\_\_\_

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# Greene Arc, Inc.

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## 900 Employee Manual Acknowledgement Form

The employee Policy and Procedure Manual describes important information about the Company. I have read the entire manual and agree to follow all of the rules and policies contained therein. If I have any questions that are not answered in the manual, I will direct them to Human Resources.

I became an employee at the Company voluntarily. I understand and acknowledge that there is no specified length to my employment at the Company and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that the Company may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand and acknowledge that there may be changes to the information, policies and benefits in the manual. The only exception is that the Company will not change or cancel its employment-at-will policy. I understand that the Company may add new policies to the manual as well as replace, change or cancel existing policies. I understand that manual changes can only be authorized by the Chief Executive Officer of the Company.

I understand and acknowledge that this manual is not a contract of employment or a legal document. I have received the manual and I understand that it is my responsibility to read and follow the policies contained in this manual and any changes made to it.

I understand and acknowledge that my signature below certifies that I will comply with each and every policy of Greene Arc, Inc.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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



# Greene Arc, Inc.

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### 900 Anti-Harassment Policy and Acknowledgement

The Company does not tolerate any form of harassment, including sexual harassment. Sexual harassment may include unwelcome sexual advances, requests for sexual favors or other unwelcome verbal or physical contact of a sexual nature when such conduct creates an offensive, hostile and intimidating working environment and prevents an individual from effectively performing the duties of their position.

No employee or applicant should be subjected to unsolicited and unwelcome sexual overtures. Nor should any employee or applicant be led to believe that an employment opportunity or benefit would in any way depend upon "cooperation" of a sexual nature.

Other prohibited forms of harassment include jokes, verbal abuse and epithets, degrading comments, the display of objects and pictures and other offensive conduct relating to an individual's race, religion, color, national origin, ancestry, handicap, mental condition, disability, marital status or age, all as defined and protected by applicable law.

Any employee who feels that he or she has been the subject of harassment (or who has reason to believe that someone else has been the subject of harassment) has the obligation to notify his or her Supervisor or Human Resources in oral or written form. The complainant is expected to provide information that the Company requests, including a detailed account of the incidents complained of, witnesses (if any), dates and other information considered relevant by the Company. A prompt investigation of the matter will be made. All employees – whether complainant, witness or accused - are required to be truthful, accurate and cooperative during the Company investigations. Information obtained during the investigation will only be told to another on a need-to-know basis. As the reporting employee or a witness employee, the Company will not retaliate against you for prompting or participating in the investigation.

Anyone who is found to have engaged in prohibited harassment will be subject to appropriate sanctions, which may include termination of employment, depending on the circumstances. No one should be presumed to be in violation because an investigation is being conducted. The Company will make its findings at the conclusion of the investigation.

It is the policy of the Company that no one will be retaliated against for making a complaint of harassment based upon an honest perception of the events or for cooperating in the investigation of a complaint.



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**900 Family Medical Leave Policy Acknowledgement**

I acknowledge that I have received a copy of the Company's Family Medical Leave Policy, in keeping with the Family Medical Leave Act (FMLA).

I understand that, in order to be eligible for an FMLA leave, I must have been employed by the Company for at least 12 months and have worked 1,250 hours during the past 12 months.

I understand that I must give the company at least thirty (30) days advance notice of the need to take FMLA leave, when I know about the need for the leave in advance and it is possible and practical to do so. If 30 days' notice is not possible or practical, I understand that I must provide notice as soon as possible and practical.

I am aware that if, at any time, I have questions regarding the FMLA policy, I should direct them to my Supervisor or the Human Resources Department or visit the U.S. Department of Labor's website ([www.wagehour.dol.gov](http://www.wagehour.dol.gov)).

I am also aware that the Company, at any time, may on reasonable notice, change, add to or delete from the provisions of the FMLA policy.

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Employee Signature

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Date

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Witness Signature

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Date



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**900 Addendum to Job Description**

**Residential Program Worker / Residential Program Trainee  
Licensed Practical Nurse / Certified Nurse Assistant**

In compliance with Department of Labor/Wage and Hour Division Bulletin Number 88-66, dated July 13, 1988, this agreement has been reached between the Greene Arc Residential Supervisor and \_\_\_\_\_.

According to Greene Arc policy, sleep time will be unpaid during the required 24-hour shifts and Greene Arc agrees to:

1. Provide adequate sleeping facilities with private, home-like quarters
2. Compensate the employee for interruptions in sleep time
3. Compensate the employee for the entire sleep time if the employee receives less than 5 hours of sleep time
4. Deduct no more than eight (8) hours for sleep time in a twenty-four (24) hour shift

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residential Supervisor Signature

\_\_\_\_\_  
Date



# Greene Arc, Inc.

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### 900 Cellular Phone Agreement

**Agency Group Homes:** Each group home has been issued a cellular phone that is the property of Greene Arc, Inc. As the cellular phone user within your group home or any other group home, please be aware of the following conditions for using the cell phone.

Personal calls are prohibited on these phones. All Supervisors will receive a copy of the bill and will be reviewing all calls (incoming/outgoing). If for any reason there is a personal call that is charged to Greene Arc, Inc., the responsible employee will be held accountable for paying for the call and will be subject to disciplinary action. The disciplinary process will be enforced if personal calls are made using Agency phones. Any reported damages or loss of the cell phone will be investigated. If it is determined that an employee is responsible for the damages, the employee will be responsible to pay all repair or replacement costs and will be subject to disciplinary action.

**Main Facility:** There is to be no cellular phone use, including hands-free devices, during work hours. Each employee has access to a landline phone, and as such has no reason to use a cellular phone.

**Business Cellular Phones Assigned to Employees:** Employees that are issued a cellular phone by Greene Arc are allotted 200 anytime minutes, unlimited nights and weekends (9:00 p.m. to 6 a.m.) and unlimited mobile to mobile minutes. If you go over your allotted minutes, you will be responsible for the additional charges and will be subject to disciplinary action.

If the cell phone is lost or damaged, you will be financially responsible and will be subject to disciplinary action. In addition, the costs will be deducted from your pay. The amount owed will be determined according to current market price and availability.

**Please Note:**

**Employees should always attempt to contact other employees first on their assigned landlines, where applicable.**

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### 900 Cellular Phone Agreement

**Anti-Texting Policy:** In light of Pennsylvania's anti-texting law, all Greene Arc employees are encouraged to put their full focus on driving. Please be advised of Greene Arc's cell phone policies:

1. Employees who drive a company vehicle may **not** use a cell phone while operating the vehicle.
2. Greene Arc allows for a 15-minute break in the morning and afternoon as well as 30 minutes for lunch. It is during those break times that the Company permits the use of personal cell phones for making calls or sending/reading text messages. Texting throughout the work day is the same as making personal phone calls on Company time, which is prohibited. Time engaged in those activities is, in essence, stealing from the Company.
3. Employees who drive a Company vehicle, who are transporting an individual receiving services and who are being paid mileage, are prohibited from texting while operating the vehicle. It is the law!