



### Our Mission

*Anchor Behavioral Solutions engages in the provision of supportive services to individuals who experience developmental and behavioral concerns with the goal of assisting said individuals in achieving the best possible individual, family and community outcomes.*



### **Anchor Behavioral Solutions**

59 Main Street Suite 310  
West Orange NJ 07052

Telephone: 862-233-7552

Fax: 844-383-2420

[www.myanchor.org](http://www.myanchor.org)

Hours of Operation  
Monday-Friday 9am-5pm

*HR Contact Info*  
[Hr@myanchor.org](mailto:Hr@myanchor.org)

#### What is required:

- ❖ Interview Application
- ❖ Intake Packet
- ❖ CDS Online Trainings
- ❖ Drug Screening
- ❖ Fingerprints
- ❖ CARI Form (Link will be sent via email)

#### Documents Needed upon hire:

- ❖ Resume
- ❖ Driver's License
- ❖ Social Security Card
- ❖ Degree or copy of official transcript
- ❖ Most recent physical
- ❖ Car registration and insurance
- ❖ Copy of CPR Certification
- ❖ Photo for a Company ID

**EMPLOYEE ACKNOWLEDGMENTS**

I, the undersigned employee, understand and acknowledge the following:

**That I have received a copy of this Employee Handbook and that it is my responsibility to read and be aware of, and comply with, ALL policies contained in it and any official notices that supersede it, including, but not limited to, policies on confidentiality, health, safety, anti-harassment, discrimination, and drugs and alcohol.**

That this Employee Handbook contains important ABS policies that directly affect many aspects of my employment. It is essential that I have a full understanding of these policies, and I will consult a human resources manager if I do not have a full understanding of any policy herein or if I have any questions or concerns related to these policies.

That, unless expressly stated to the contrary in a written employment agreement between myself and ABS, **this is an at-will employment relationship, and as such, both myself and ABS may terminate this agreement at any time, with or without cause or notice, as permitted by law.** Nothing in this Employee Handbook is intended to modify my at-will employment relationship with ABS.

**That this is not a contract of employment or a guarantee of a continued employment relationship for any period of time.**

That this Employee Handbook and the policies contained herein modifies, supersedes, and revokes any and all prior policies, procedures, practices, and oral or written representations to the contrary or that are otherwise inconsistent with its terms.

That ABS reserves the right to change, remove, or add to the policies herein at any time by providing official notices to me or posted in a conspicuous place in my work setting designated for such purposes. Any such official notices will modify, supersede, and revoke any existing notices that are inconsistent with them. Furthermore, ABS reserves the right to change its implementation, interpretation, or application of the policies and procedures herein at any time.

That in the event that any of the terms or provisions of this Employee Handbook, including this Employee Acknowledgment, are declared invalid or unenforceable by any court of competent jurisdiction or any federal or state entity having proper jurisdiction over the subject matter herein, the remaining terms and provisions that are not affected thereby shall remain in full force and effect and employees will be afforded all rights required by law. Furthermore, in such event, ABS will provide employees with substitute terms and provisions for those declared invalid once it becomes aware of their invalidity.

I sign in acknowledgment of, and agreement with, the above provisions.

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

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

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

**TO BE PLACED IN EMPLOYEE FILE**





## CONFIDENTIALITY AGREEMENT

Anchor Behavioral Solutions LLC care to individuals who are working to improve their skills and abilities, so they can lead healthy, safe and productive lives. Our individuals have a right to privacy and confidentiality, including the fact that they are in our care.

Our professional ethic requires that each employee maintain the highest degree of discretion when handling individual and employment related matters.

To protect privacy, information should be available only to those who "need to know" in order to deliver effective care and related services.

To maintain this professional assurance, no employee shall disclose youth information to outsiders, other youth, or youth's family members, members of one's own family, other third parties or coworkers who do not have a "need to know."

All individuals and their families of Anchor Behavioral Solutions LLC services are entitled to privacy. Employees must ensure confidentiality and privacy regarding history, records and discussions about the people we serve. The very fact that an individual is served by Anchor Behavioral Solutions LLC must be kept confidential.

Disclosure may be made only under specified conditions, which are described below, for reasons relating to law enforcement, the safety of individuals, and the fulfillment of our mission. This means that staff shall not disclose any information about a youth, including the fact that s/he is or is not served by Anchor Behavioral Solutions LLC, to anyone outside of this organization unless authorized by the Chief Executive Officer or designated personnel such as the Agency's Privacy Officer. The principle of confidentiality must be maintained throughout all departments, functions and activities.

1. No information requested by someone outside Anchor Behavioral Solutions LLC may be given over the telephone. Staff is instructed to respond with the statement: "Anchor" policy does not permit me to give out this information." That includes whether a person is or has been served by this Agency.
2. Release-of-information forms must be explained and completed in the presence of the person/guardian about whom any information may be released, before it is released.
3. When records are reviewed by an outside agency, the inspection must be specifically authorized to do so by the Chief Executive Officer, or her/his designee. The copy of records or removal of records is specifically prohibited in such cases.
4. Staff may not discuss any person served/family member with unauthorized individuals, whether on or off duty.

Violation of this policy may result in disciplinary action up to and including termination of employment, as well as personal legal action against the involved employee.

I acknowledge that I received a copy of this Anchor Behavioral Solutions LLC Confidentiality Agreement. I agree to abide by the terms of the agreement. I realize that failure to abide by this agreement will result in the termination of my services and could result in legal action by any individual harmed by a disclosure made by me.

\_\_\_\_\_  
Employee Print Name

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

\_\_\_\_\_  
Date



## Voluntary Self-Identification Confidential EEO Form

Anchor Behavioral Solutions, LLC is committed to the belief that all persons are entitled to equal employment opportunities regardless of race, color, religion, national origin, sex, nationality, marital/familial status, domestic partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information, liability for military service, AIDS and HIV status, age, disability, or history of disability, Veteran's status or any other protected group status.

Anchor Behavioral Solutions is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Anchor Behavioral Solutions invites you to voluntarily self-identify your race or ethnicity and veteran's status by checking the appropriate boxes below.

Submission of this information is strictly voluntary. It is not used in making employment decisions and thus, will be separated from your employment application. Refusal to provide this information will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the laws including those that require the information to be summarized and reported to the federal government for civil-rights enforcement. When reported, data will not identify any specific individual.

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

Position applied for: \_\_\_\_\_ Please Check One: Male \_\_\_\_\_ Female \_\_\_\_\_

### Please check appropriate box:

- AMERICAN INDIAN or ALASKA NATIVE** - A person having origin in any of the original peoples of Central, South and North America, and who maintains cultural identity through tribal affiliation or community attachment.
- ASIAN**—(Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK or AFRICAN AMERICAN** — (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- HISPANIC or LATINO** — A person of Mexican, Puerto Rican, Cuban, Central or South American origin, or any other Spanish origin or culture, regardless of race.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**-(Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE** — (Not of Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- TWO OR MORE RACES**-(Not Hispanic or Latino) Includes persons who identify with more than one of the above five races.

Please Check One:

\_\_\_\_\_ I have read the above and voluntarily provide the requested information.

\_\_\_\_\_ I have read the above and decline to provide the requested information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





## MOTOR VEHICLE REPORT

### NEW JERSEY MOTOR VEHICLE SERVICE REQUEST

PLEASE PRINT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

EYES: \_\_\_\_\_

SEX: \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

THE INFORMATION I HAVE SUPPLIED ABOVE IS TRUE AND CORRECT.

\_\_\_\_\_  
Employee Print Name

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

\_\_\_\_\_  
Date



**HEALTH CLEARANCE FORM**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

To the Employee:

Anchor Behavioral Solutions LLC is licensed by the State of New Jersey to facilitate DDD Support Services. In order to comply with these regulations, new staff must submit a written statement from a licensed physician indicating that he or she is in good health and poses no health risk to persons in the program. Such statement shall be based on a medical examination conducted PRIOR to the start of your employment with the agency. Examination MUST have been completed within the last 6 months.

**IMPORTANT: This form *must be completed and returned to Human Resources* PRIOR to the start of your employment.**

-----  
Please note, the physician's name, address and phone number must be legible and is subject to verification.

**Physician's Statement: (please check ONE below)**

I have conducted a medical examination on (THIS DATE): \_\_\_\_\_ and she/he is in good health (free from communicable diseases) and poses no health risk to persons in the workplace.

OR

I have conducted a medical examination on (THIS DATE): \_\_\_\_\_ she/he **may pose a health risk to others.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

Physician Stamp:



**APPENDIX A  
COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF  
INFORMATION**

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services. Check one of the options listed below.

Option 1 \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 \_\_\_\_\_ I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_  
on \_\_\_\_\_.

(date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

**Offenses covered under P.L. 1999, C. 358:**

In New Jersey, any crime or disorderly person offense:

-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

**FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.**

**PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.**

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\_\_\_\_\_  
Employee Name (please print)

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

\_\_\_\_\_  
Witnessed by (please print)

\_\_\_\_\_  
Witness Signature Date





# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ920540Z</b>		(2) Category <b>HSK</b>	(3) Statute Number <b>30:6D-64</b>		
(4) Reason for Fingerprinting <b>HUMAN SERVICES PRIVATE CONTRACTOR</b>			(5) Document Type <b>RB2</b>	(6) Payment Information <b>BILL STATE AGENCY</b>	
(7) Contributor's Case # (Unique Identifier) <b>PC 1977</b> <small>(enter 4 digit cost code after PC)</small>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		26) Employer / Organization Name (with respect to Requirement) <b>Anchor Behavioral Solutions</b> Employer Address <b>59 Main Street, Suite 350</b> City <b>West Orange</b> State <b>NJ</b> Zip <b>07052</b>			
<b>Identification Requirement</b> - Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ this form carefully**

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>STATE AND FBI BACKGROUND CHECK</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**





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

The employee \_\_\_\_\_ whose signature is at the bottom of this page (“Undersigned”) represents and warrants that he/she grants permission and release set forth herein, and does hereby authorize and give consent to permit Anchor Behavioral Solutions LLC to:

*Check or mark only those provisions that apply:*

Yes, Take and reproduce photographs or video and use such photographs or video of the employee in connection with any publication (including, but not limited to, Annual Reports, Brochures, Videotapes, Newspapers, Magazines, Television, Internet, and/or Print Advertising, hereinafter referred to as “Publication”) in such a manner and at such times as the administration of Anchor Behavioral Solutions LLC at its sole discretion, shall determine. (Note: Leave space blank if you do not wish photographs or videos of the Individual to be taken and used.)

Yes, Use the individual’s name in connection with any Publication in such a manner and at such times as the administration of Anchor Behavioral Solutions, at its sole discretion, shall determine. (Note: Leave space blank if you do not wish the actual name of the individual to be used.)

Yes, Use any quotation and comment made by the individual obtained and related verbally by the individual in connection with any Publication in such a manner and at such times as the administration of Anchor Behavioral Solutions LLC at its sole discretion, shall determine. (Note: Leave space blank if you do not wish comments made by the individual to be used.)

Yes, Use any statements about the employee and such employee’s involvement with Anchor Behavioral Solutions as obtained and related verbally by the employee, and/or an Anchor Behavioral Solutions LLC representative during an interview for the purposes of marketing and/or public relations in connection with any Publication in such a manner and at such times as the administration of Anchor Behavioral Solutions LLC, at its sole discretion, shall determine. (Note: Leave space blank if you do not wish statements about the individual’s case history and involvement with Anchor Behavioral Solutions LLC to be used.)

The Undersigned, on his or her own behalf and on behalf of the individual, as well as on behalf of all of Undersigned and individual’s heirs, successors and/or assigns, does hereby release Anchor Behavioral Solutions LLC Agents and Employees, and all of its and their heirs, successors and/or assigns, from any and all claims, demands, and liability of whatever kind, including but not limited to, for payment of any compensation, for misappropriation or misuse of any publicity, trademark, copyright, or other rights of the individual and/or Undersigned and their heirs, successors and/or assigns, arising out of Anchor Behavioral Solutions LLC’s use of the above-designated information and photographs/video of the individual.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Anchor Behavioral Solutions LLC Witness**

\_\_\_\_\_  
**Relationship to Undersigned**

\_\_\_\_\_  
**[Print Name of Staff Witness Above]**



# Conscientious Employee Protection Act "Whistleblower Act"

## Employer retaliatory action; protected employee actions; employee responsibilities

1. New Jersey law prohibits an employer from taking any retaliatory action against an employee because the employee does any of the following:
  - a. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer or another employer, with whom there is a business relationship, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law, or, in the case of an employee who is a licensed or certified health care professional, reasonably believes constitutes improper quality of patient care;
  - b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation issued under the law by the employer or another employer, with whom there is a business relationship, or, in the case of an employee who is a licensed or certified health care professional, provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into quality of patient care; or
  - c. Provides information involving deception of, or misrepresentation to, any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
  - d. Provides information regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the employee reasonably believes may defraud any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
  - e. Objects to, or refuses to participate in, any activity, policy or practice which the employee reasonably believes:
    - (1) is in violation of a law, or a rule or regulation issued under the law or, if the employee is a licensed or certified health care professional, constitutes improper quality of patient care;
    - (2) is fraudulent or criminal; or
    - (3) is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment. N.J.S.A. 34:19-3.
2. The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor of the employee by written notice and given the employer a reasonable opportunity to correct the activity, policy or practice. However, disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employer or where the employee fears physical harm as a result of the disclosure, provided that the situation is emergency in nature.

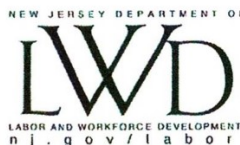
### CONTACT INFORMATION

Your employer has designated the following contact person to receive written notifications, pursuant to paragraph 2 above (N.J.S.A. 34:19-4):

Name: Natasha Menendez  
Address: 59 Main Street Suite 310  
West Orange NJ 07052  
Telephone Number: 862-233-7552

## ***This notice must be conspicuously displayed.***

Once each year, employers with 10 or more employees must distribute notice of this law to their employees. If you need this document in a language other than English or Spanish, please call (609) 292-7832.





## Acknowledgement of Receipt

I acknowledge receiving and reading handouts on the *Conscientious Employee Protection Act* (the "Whistleblower Act"), and *NJ's Department of Labor Disability/Family Leave Insurance Benefits Notice*.

I understand that the purpose of these policies is to foster a positive working atmosphere, and to provide me with clear guidelines for my employment, and that nothing in these policies creates an express or implied contract of employment between me and the Agency.

I accept full responsibility for familiarizing myself with the policies and procedures that are described herein and if I do not have a clear understanding of any part of this manual, I am encouraged to discuss my questions with my supervisor or the Director of Human Resources.

I understand that Anchor Behavioral Solutions, LLC may change these policies without my prior notice.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





**ACKNOWLEDGEMENT**  
**New Jersey Workers' Compensation**

If you suffered an injury during work and are seeking coverage under the employer's workers' compensation policy, you must:

**Immediately** notify your Supervisor or the Human Resources Department or any one in authority as soon as possible.

1. Your employer will direct you to a preferred medical provider. All necessary and reasonable medical treatment, prescriptions and hospitalization services related to the work injury are paid by the employer's insurance carrier if the claim is accepted as compensable.
2. Physicians must accept payments as calculated under the New Jersey Workers' Compensation Act. You are not responsible for any payments in excess of the charges under the Act, unless your treatments are unrelated to the injury or are otherwise beyond the scope of your workers' compensation coverage.
3. Follow the treatment program established by the physician selected by your employer
4. Keep your employer informed of your treatment and recovery process
5. Cooperate with your employer and the treating physician as they strive to return you to work.

I have read this acknowledgement and by my signature, I affirm that I understand my rights and obligations:

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

Signature \_\_\_\_\_

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



Staff Name: \_\_\_\_\_

EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_





## Call Out, Lateness, Leaving Early and No Call No Show Procedure

In the event that you are unable to make it to your assignment and need to **Call-Out**, notification must be made 3 hours in advance at minimum before your scheduled work time.

In the event that you are going to **Call-Out**, you must do the following:

1. Call your Supervisor. If the supervisor can not be reached, leave a *detailed* message and then follow-up with alternate/covering supervisor.

In the event that you are going to be **Late** in arriving at your assignment, you must do the following:

1. Call the caretaker informing them of your lateness and estimated arrival time.
2. Call your supervisor informing them of your lateness and estimated arrival time. If the supervisor can not be reached, leave a *detailed* message and follow-up with alternate/covering Supervisor.
3. Document time of arrival and reason appropriately within your daily report/confirmation of service.

In the event that you are **Leaving Early** or **Not Attending** (Even if at the Guardian's Request) you must do the following:

1. Call supervisor informing them of the situation. If the supervisor can not be reached, leave a *detailed* message and follow-up alternate/covering supervisor.
2. If leaving early at caretakers request, document appropriate time and have parents sign the request. *Also inform your supervisor of the request.*

If you do not inform your supervisor for any of the events above, it may result in disciplinary action and possible suspension/termination.

A No Call/No Shows will lead to disciplinary action up to and including possible suspension or termination.

Please sign below acknowledging an understanding of the callout/lateness procedures.

**Signature of Recipient:** \_\_\_\_\_

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

**Print of Recipient:** \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_

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



## **Social Media Policy**

Anchor Behavioral Solutions fully acknowledges and recognizes the influence of Social Media in the modern world, as well as the rights of individuals to actively participate in the undertaking of such activities. However, it is in Anchor's best interest that certain requirements be set in the usage of Social Media, especially when the usage of such mediums directly affect company processes and production. It is for that purpose that Anchor has chosen to draft and willfully uphold this Social Media Policy. Anchor Behavioral Solutions also acknowledges the inherent legal rights of its employees as mandated by higher institutions. Any provision that violates any of these rights will be considered null and not be enforced. However, barring any legal precedents, willful violations of these policies will warrant appropriate consequences.

### **Misrepresentation**

Individuals on social media may not represent themselves as acting on behalf of Anchor Behavioral Solutions unless authorized to do so. All official communications should come from an authorized communication representative for Anchor Behavioral Solutions. Even when acting on behalf of Anchor, one should not express their own opinions and positions as those of Anchor.

### **General Guidelines In Work-Related Social Media Usage**

1. Only employees authorized by Anchor Behavioral Solutions are permitted to engage in work-related Social Media.
2. Information and content shared on Social Media must be approved by a representative of Anchor beforehand and must comply with the organization's confidentiality policies.
3. Dissemination into certain websites/forums/blogs must be approved by the authorized representative beforehand.
4. Proper resource citations and copyright laws must always be upheld.

### **General Guidelines In Personal Social Media Usage**

1. Strictly comply with Anchor confidentiality policies, which states employees are not permitted to take photos, pictures, video(s) or voice recording of clients, their families or their homes and/or upload them on social media. Employees are also not permitted to share any confidential PHI regarding Anchor's clients on social media.
2. Information from a personal social media account that negatively affects Anchor Behavioral Solutions can be cause for termination and/or separation from the agency.



**\* Please note that under HIPAA compliancy laws, any employee of Anchor Behavioral Solutions is not permitted to post any images or information in relation to a client or case worked under Anchor Behavioral Solutions. Individuals that do not adhere to this regulation are punishable under the court or law and can face a fine ranging from \$100 – \$50,000 per violation, with a maximum penalty of \$1.5 million per year for each violation. \***

I have read the above acknowledgement and by my signature, I affirm that I understand my rights and obligations:

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

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

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



## Drug Testing Policy

Due to the enactment of The Stephen Komninos law, all employees of Anchor Behavioral Solutions LLC. hired on or after May 1, 2018 are required to get mandatory pre-employment drug testing. Additionally, all active employees are required by law to be placed in a quarterly random pool to be drug tested throughout the year. If required to get tested the employee has 48 hours to complete it. If said employee fails to make the appointment, immediate termination is applied. If the employee tests positive, suspension and referral for treatment or immediate termination can be applied at the agency's discretion.

If an employee is on leave of absence and is already in the random pool prior to the leave of absence, the employee will remain in the pool; thereby the rule of getting tested when selected still applies. If an employee requests a leave of absence prior to being put in the new quarterly random pool, then the employee will not be added until said employee returns to work.

If an employee is suspected of being under the influence, then said employee will be subject to immediate/same day testing. If said employee fails to make the appointment then immediate termination is applied. If the employee tests positive, suspension and referral for treatment or immediate termination can be applied at the agency's discretion.

*"The Stephen Komninos' Law was enacted in 2017 and strengthens protections for participants of any New Jersey Department of Human Services (DHS) funded, licensed or regulated program for adults with developmental disabilities, including State developmental centers and community programs. The law recognizes the important role of guardians and family members in the lives of adults with developmental disabilities and establishes greater communication links between providers and guardians. Effective May 1, 2018, every person who is employed by or volunteering in any DHS-funded, licensed or regulated program serving adults with developmental disabilities is subject to the requirements of this law."*





## Dress Code

### Introduction

Anchor Behavioral Solutions LLC. dress code is designed to help us all provide a consistent professional appearance to our customers and colleagues. Our appearance reflects on ourselves and the company. The goal is to be sure that we maintain a positive appearance and not to offend customers, clients, or colleagues.

### Who does this policy apply to?

Anchor Behavioral Solutions LLC.'s dress code applies to all employees

### Anchor Behavioral Solutions LLC. Dress Code Policy:

- Employees are expected to dress in [casual, business casual, smart casual, business] attire unless the day's tasks require otherwise.
- Employees must always present a clean, professional appearance. Everyone is expected to be well-groomed and wear clean clothing, free of holes and tears.
- Clothing with offensive or inappropriate designs or stamps are not allowed.
- Clothing should not be too revealing.
- Clothing and grooming styles dictated by religion are exempt.

### Dress Code Violations

Managers and or supervisors are expected to inform employees when they are violating the dress code. Employees in violation are expected to immediately correct the issue. This may include having to leave work to change clothes.

Repeated violations or violations that have major repercussions may result in disciplinary action up to and including termination.

**Examples of items considered too casual and/or inappropriate include:**

- Revealing clothing that exposes your back, chest, stomach, navel, underwear (front or back) or that reveals too much cleavage
- T-shirts intended to be worn as undershirts, tops with spaghetti straps, halter tops or muscle shirts
- Tops that are transparent or see-through, or that give the appearance of such
- Basketball shorts, shorts, or skirts
- Excessively baggy pants or other clothing items
- Items adorned with language or images that can be considered foul, vulgar or obscene
- Flip flops and open toe shoes
- Sweatbands or bandanas

Hats, Caps, Skirts, Shorts and Open toe shoes should be worn with caution as well as considering environment and appropriateness of location.



## Paid Time Off Policy (PTO)

Full time employees of Anchor Behavioral Solutions LLC., are given 19 days per calendar year of Paid Time Off. The 19 PTO days include 6 paid company holidays and 13 general PTO days to be used at the employee's discretion along with management approval. General PTO days can be used for the following purposes: vacation, sick time and personal time. The 6 paid company holidays are New Year's day, Memorial day, Independence day, Labor day, Thanksgiving day and Christmas day.

### Use of PTO time on Company Holidays

Paid time off hours are automatically used on the designated holidays. Employees will have the following options:

1. Not work the holiday and receive PTO.
2. Not work the holiday and choose to not use PTO thereby receiving no compensation for the day and saving the day for future use.
3. Work the holiday and request to be paid the PTO time for the day in addition to their regular wages for the day.
4. Work the holiday and receive regular wages and choose not to use PTO thereby choosing to save it for future use.

\*Option 1 is automatic, Options 2,3 and 4 require a minimum of 1-week written notice to the employee's supervisor for approval.

To earn 19 days total of PTO time, employees will earn 5.85 hours per pay period (bi-weekly) following 60 days of employment.

After the three-year anniversary of employment, employees will get increased to 22 days of PTO which totals to 6.77 accrued hours per pay period.

After the five-year anniversary of employment, employees will get an increase to 24 days PTO which totals to 7.38 accrued hours per pay period.

After an employee earns a maximum balance of 88 accrued hours, the employee will stop earning hours until the balance of hours falls below the 88-hour maximum.

### Carry over hours

The maximum amount of time that can be carried over to the next calendar year is 48 hours.

Anchor Behavioral Solutions reserves the right to change this policy and its specifics at any time.





## **Inclement Weather and Emergency Closing Procedure**

At times, emergencies such as severe weather, fires, power failures or earthquakes can disrupt our organization's operations. In extreme cases, these circumstances may cause interruptions or delays in services.

If such an emergency occurs during non-working hours, notification of the emergency status will be sent via email. You will also be notified immediately of inclement weather and emergencies that occur during the work day. Please look out for information for any changes regarding cases via e-mail.

When operations are officially closed, the absence will be considered an excused absence for all staff and will not be charged to earned leave time (if applicable.) Should an emergency closing occur while a staff member is already on earned leave time (sick, vacation, personal), he/she is not entitled to additional wages.

In cases where an emergency closing is not authorized, staff members who do not report to work because of the weather will be charged one day of vacation or personal leave time. Employees who report to work will be paid at their regular hourly rate for the actual hours worked.

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ABS Payroll Calendar 2019

Days Worked	Pay Date
December 23, 2018 - January 5, 2019	January 11
January 6 - January 19, 2019	January 25
January 20 - February 2, 2019	February 8
February 3 - February 16, 2019	February 22
February 17 - March 2, 2019	March 8
March 3 - March 16, 2019	March 22
March 17 - March 30, 2019	April 5
March 31 - April 13, 2019	April 19
April 14 - April 27, 2019	May 3
April 28 - May 11, 2019	May 17
May 12 - May 25, 2019	May 31
May 26 - June 8, 2019	June 14
June 9 - June 22, 2019	June 28
June 23 - July 6, 2019	July 12
July 7 - July 20, 2019	July 26
July 21 - August 3, 2019	August 9
August 4 - August 17, 2019	August 23
August 18 - August 31, 2019	September 6
September 1 - September 14, 2019	September 20
September 15 - September 28, 2019	October 4
September 29 - October 12, 2019	October 18
October 13 - October 26, 2019	November 1
October 27 - November 9, 2019	November 15
November 10 - November 23, 2019	November 29
November 24 - December 7, 2019	December 13
December 8 - December 21, 2019	December 27
December 22 - January 4, 2020	January 10



### ABS Holiday Dates

New Year's Day	Tuesday, January 1, 2019
Memorial Day	Monday, May 27, 2019
Independence Day	Thursday, July 4, 2019
Labor Day	Monday, September 2, 2019
Thanksgiving Day	Thursday, November 28, 2019
Christmas Day	Wednesday, December 25, 2019