

## **Policy and Procedure Acknowledgement Injury Reporting and Requirements**

I, the undersigned, acknowledge that at my Initial Assignment Processing, I was advised of the following Bear Staffing Services, Inc. and its affiliates' policy regarding the below procedures:

- If I am injured at work, I must immediately report the injury to my supervisor/foreman no matter how minor it may be.
- In the event of an injury, I will cooperate in the completion of an injury report.
- If an injury occurs on the job, I must go, as directed by management, to the approved Physician or Health Care facility for treatment of my work-related injury.
- I am not authorized to go to my family doctor or any outside physician of my own choice for work related injuries. Workman's Compensation insurance medical benefits may be denied for these costs.
- Drug and Alcohol testing is required for all work-related injury or illness.
- Prescriptions for Worker's Compensation prescription medications must be filled at any of the drug stores listed in the Company's Providers Directory. No employee should have to pay for worker's compensation-required prescription medication.
- A "Return to Work" note from the participating doctor is required for any employee to be permitted to return to work after an absence from work due to any injury or illness work related or not.
- It is required to go to all follow-up medical appointments at the designated location and time. It is my responsibility to call, cancel and or reschedule these appointments. Employees who No Call/No Show for medical appointments may be disciplined which may include termination.

## **Policy Acknowledgement**

- It is required and I am telephone accessible and have reliable transportation.
- I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment then I forfeit my employment.
- **I understand I am an employee of Bear Staffing and only Bear Staffing can terminate my employment. When an assignment ends I must report to the company office for my next assignment. Failure to do so or to accept my next assignment will indicate that I have voluntarily resigned and I may not be eligible for unemployment benefits, furthermore, I understand that I must call in to Bear's automated availability line twice a week, and that if I do not make myself available for work of comparable nature to my previous assignment, I may forfeit my eligibility for unemployment benefits.**
- Bear Staffing Services has a strict "No Drug Policy", and I have signed a consent form to submit to substance testing. I understand that my failure to comply with this agreement at the designated location and time will be grounds for immediate termination.
- If for some unexpected reason, such as an emergency or illness, I cannot report to my assignment or will be late, I will personally contact Bear Staffing as soon as possible. Failure to do so may be grounds for dismissal and or indicate that I have resigned.
- I understand that in order to be paid in a timely manner, properly signed time tickets must be turned in no later than 5:00 PM each Monday following the week worked. (electronically or physical) Any late tickets will not be paid until the next payroll.

- It is required to dress professionally, according to the requirements of the assignment and present a neat, clean and well groomed appearance. The dress code is inclusive of both the companies' and the client's requirements (including safety protection)
- It is required for all employees to behave in a way that promotes the integrity of the Company. Bear Staffing expects all Company Employees to carry out the Company's business professionally with honesty as our actions affect the credibility and reputation of the company.
- I have read and fully understand the above statements regarding Company Policies and Procedure will comply with them. I understand that failure to comply with these procedures may lead to my termination.
- I understand I will comply with Bear Staffing and their Client's safety rules, regulations and policies as posted and any changes or amendments forth coming through communication

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Employee's Signature

Date Signed