

Employee Name: _____

Position Title: _____

Please read and check to indicate that you have been informed and understand your obligations regarding receipt, loss and return of your Le Choix identification card.

In the event of loss of ID Card, I must report the loss immediately to Agency and request a new ID be issued. I am obligated to assume replacement cost of ten dollars (\$10) each time a new ID is issued to me.

Loaning of an ID card to anyone or other misuses is prohibited and may subject me to disciplinary action.

Failure to display your ID during your scheduled shift can result in disciplinary action.

ID cards damaged through fair wear and tear are replaced at no charge. Cards damaged through abuse and carelessness are replaced at a cost of ten dollars (\$10).

As an employee, prior to leaving Le Choix Home Care (termination, resignation, etc.), I must return my Le Choix ID card to the office. Failure to do so will result in a charge of ten dollars (\$10).

LE CHOIX HOME CARE, LLC

FROM OUR HEARTS TO YOUR HOME

Signature _____ Date _____

**Please be aware those funds may be deducted from your check if the fee is not paid upfront.*