



EMPLOYEE HANDBOOK
PCMSI
An Equal Opportunity Employer

**A Manual of
Employee Benefits and
Personnel Policies**

LEGAL DISCLAIMER TO USERS OF THIS FORM EMPLOYEE HANDBOOK:

The materials presented herein are for general reference only. Federal, state or local laws or individual circumstances may require the addition of policies, amendment of individual policies and/or the entire Handbook to meet specific situations. Some government forms may be presented in altered size, font or format and may not, therefore, meet federal or state requirements. These materials are intended to be used only as guides and should not be used, adopted or modified without the advice of competent legal counsel.

These materials are presented, therefore, with the understanding that we are not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

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Receipt of Company Employee Handbook

The Employee Handbook (sometimes called a Personnel Policy Manual, and referred to as the “Manual”) is a compilation of personnel policies, practices and procedures currently in effect at PCMSI, an equal opportunity employer.

This Manual is designed to introduce employees to the organization, familiarize you with Company policies as they pertain to you as an employee, provide general guidelines on work rules, disciplinary procedures and other issues related to your employment, and to help answer many of the questions that may arise in connection with your employment.

This Manual and any other provisions contained herein do not constitute a guarantee of employment or an employment contract, express or implied. You understand that your employment is “at-will” and that your employment may be terminated for any reason, with or without cause, and with or without notice. Only the authorized representative(s) of PCMSI has the authority to enter into a signed written agreement guaranteeing employment for a specific term. This Manual is intended solely to describe the present policies and working conditions at PCMSI. This Manual does not purport to include every conceivable situation; it is merely meant as a guideline, and unless laws prescribe otherwise, common sense shall prevail. Of course, Federal, state, and/or local laws will take precedence over PCMSI policies, where applicable.

Personnel Policies are applied at the discretion of PCMSI. PCMSI reserves the right to change, withdraw, apply, or amend any of our policies or benefits, including those covered in this Manual, at any time. PCMSI may notify you of such changes via a printed memo, notice, amendment to or reprinting of this Manual, but may, in its discretion make such changes at any time, with or without notice and without a written revision of this Manual.

By signing below, you acknowledge that you have received a copy of PCMSI’s Employee Handbook, and understand that it is your responsibility to read and comply with all of the policies contained therein and any revisions made to it. Furthermore, you acknowledge that you are employed “at-will” and that this Manual is neither a contract of employment nor a legal document.

This copy is for your records. The copy you must sign and return is included in the Forms section of this Handbook.

Welcome and Purpose

This Manual is designed to acquaint you with PCMSI and provide you with general information about working conditions, benefits, and policies affecting your employment.

We, PCMSI, are an Equal Opportunity Employer in all personnel decisions.

The information contained in this Manual applies to all employees of PCMSI. Following the policies described in this Manual is considered a condition of continuous employment. However, nothing in this Manual alters an employee's "at-will" status. The contents of this Manual shall not constitute nor be construed as a promise of your employment or as a contract between PCMSI and any of its employees. The Manual is a summary of our policies, which are presented here only as a matter of information.

You are responsible for reading, understanding, and complying with the provisions of this Manual. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.



Job Description

JOB TITLE: RECEPTIONIST/OPERATOR

JOB PURPOSE: SERVES CUSTOMERS
By
Operating basic PC and corded headset to provide answering service for clients. Greets caller and announces name or phrase for client. Records and delivers accurate messages, furnishes information, accepts orders, and relays calls.

ESSENTIAL FUNCTIONS:

- ___ **1. ANSWERS CALLS PROFESSIONALLY**
By
reading and following the clients' script.
- ___ **2. RECORDS INFORMATION**
By
obtaining requested information; verifying given information and spelling; entering orders; filing data into computer system.
- ___ **3. MAINTAINS CONTROL OF CALLS**
By
politely guiding callers to give crucial data to be sent to clients.
- ___ **4. DELIVERS A HIGH LEVEL OF PROFESSIONALISM**
By
adhering to the dress code; communicating with management; being courteous to callers and clients.

Job qualifications are stated in the Essential Functions of the job description. An employee must be able to accomplish the Essential Functions in order to be competent in the job.

Other qualifications not specifically noted in the Essential Functions: none

Employment Termination

1. PCMSI and its employees share a working relationship defined as employment-at-will. Simply stated, employment-at-will means that in the absence of a specific written agreement, you are free to resign at any time, and PCMSI reserves the right to terminate your employment for any reason (which does not violate any applicable law) with or without prior notice.
2. Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are a few examples of some of the most common circumstances under which employment is terminated:
 - Resignation – voluntary employment termination initiated by an employee.
 - Termination – involuntary employment termination initiated by PCMSI.
 - Layoff – involuntary employment termination initiated by PCMSI for non-disciplinary reasons.
3. If you wish to resign, you are requested to notify your manager of your anticipated departure date at least two weeks in advance. Of course, as much notice as possible is appreciated by PCMSI and your coworkers. This notice should be in the form of a written statement.
4. In the case of resignation, termination, retirement, or permanent reduction in the work force, your accrued vacation pay will be paid on a pro-rata basis.
5. In the case of termination, any vacation used in excess of accrued time will be deducted from your final paycheck given your prior written permission.
6. Furthermore, any outstanding financial obligations owed to PCMSI will also be deducted from your final check given your prior written permission.
7. A health insurance extension of benefits under COBRA regulations is available and is offered via mail to eligible employees.
8. Building access key cards must be returned to process your final check.
9. If you leave PCMSI in good standing, you may be considered for re-employment.

Equal Employment Opportunity

It is our policy to provide equal employment opportunity to all individuals. Our policy will comply with all legislation, federal, state and local government laws. Protected classes include religion, sex, ethnicity, race, caste, or involuntary personal attributes such as disability, age, gender, sexual orientation or any other classification protected by law.

We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy, and believe in the concept and spirit of the law.

We are committed to assuring that:

- All recruiting, hiring, training, promotion, compensation, and other employment related programs are provided fairly to all persons on an equal opportunity basis;
- Employment decisions are based on the principles of equal opportunity. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to any characteristic protected by state, federal or local law; and
- Employees and applicants will not be subjected to harassment, intimidation, threats, retaliation, coercion or discrimination because they have exercised any right protected by law.
- PCMSI's policy and practice is to comply with the Americans with Disabilities Act and ensure equal employment opportunity for all qualified persons with disabilities. PCMSI is committed to ensuring non-discrimination in all terms, conditions and privileges of employment. Reasonable accommodation will be available to all employees and applicants, including work site accessibility as long as the accommodation does not cause undue hardship.

We believe in and practice equal opportunity. All employees are responsible for supporting the concept of equal opportunity and diversity and assisting PCMSI in meeting its objectives.

I-9 Immigration Reform Policy

PCMSI complies with the Immigration Reform and Control Act, employing only those persons who are legally eligible to work in the United States.

PCMSI complies with the Immigration Reform and Control Act of 1986 by employing only United States citizens and non-citizens who are authorized to work in the United States. All employees are asked on their first day of employment to provide original documents verifying the right to work in the United States and to sign a verification form required by federal law (INS Form I-9). If an individual cannot verify his/her right to work within three days of hire, PCMSI must terminate his/her employment.

Code of Ethics Policy

Antitrust Laws

Antitrust laws are relevant to many business decisions, and those who engage in illegal actions against such laws are subject to fines and imprisonment, or both. Management shall guide the employee body in abiding by antitrust decrees applicable to the organization. PCMSI adheres that it will comply with all U.S. antitrust laws applicable to normal business operations and will hold employees responsible for abiding by these legislations as well.

In compliance with Section I of the Sherman Antitrust Act:

- No employee shall enter into an agreement (expressed or implied; formal or informal; written or oral) with any competitor restricting any of the following conditions or business offering:
 - Prices
 - Costs
 - Profits
 - Offerings of products and services
 - Terms of sale conditions
 - Production or sales volume
 - Production capacity
 - Market share
 - Quote decisions
 - Customer selection
- No employee shall enter into an agreement with a purchaser/lessee restricting the right of the purchaser/lessee to determine the price to resell or lease the product in question. Employees may also not enter in such agreements when PCMSI is the purchaser/lessee in the agreement.
- The following situations may be in violation of antitrust laws under certain circumstances. Employees may not enter into these agreements without consulting legal counsel in advance, and obtaining clearance to enter into such agreements.
 - Agreements with customers or suppliers regarding the sales or purchases of reciprocal purchases or sales by customers and/or suppliers.
 - Agreements with purchasers or lessees of products of PCMSI which would restrict customers from using or reselling products as they choose to do so.
 - Agreements with any party that would restrict all parties involved to manufacture a product or provide a service to a third party.

Exchange of Information with Competitors

Communication with competitors would be an infringement of antitrust laws, specifically if the communication is accompanied by some action. The prohibitions of this policy are intended to avoid antitrust infringements. Under this policy, no employee shall discuss information on any subject with a competitor or another third party acting on behalf of a competitor to remain compliant with Section I of the Sherman Antitrust Act, unless PCMSI legal counsel determines that such communication would not violate antitrust laws.

When participating in trade associations and other meetings with competitors, employees shall not attend:

- Unauthorized meetings with competitors.
- Meetings where the communication with competitors are in violation of the paragraph above.
- Meetings for trade associations held to discuss business without adhering to the formal rules established by the trade association for its meetings.

Employees must recognize that participating in development and product certification events impacting competitors or suppliers may initiate antitrust violations. Consult legal counsel before attending any organization which may develop standards or certify products with competitors.

Violations of this Policy

If an employee violates this policy, he/she may be subject to termination or other disciplinary action to prevent future violations. Those who do the following may be subject to disciplinary action or termination:

- Employees are in direct violation of this policy.
- Employees who deliberately withhold information concerning the violation of this policy or fail to report a violation of this policy.
- Management personnel who fail to report violation of this policy by their subordinates.

If an employee is accused of violating antitrust laws, yet did consult legal counsel and acted in good faith, they may not face disciplinary action under this policy. PCMSI may also assist in the employee's defense, within the confines of the law.

Complaint Policy

PCMSI expects all employees to create an atmosphere free of discrimination and respect the rights of their co-workers.

In the event an employee experiences any job-related discrimination or harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, veteran-status, or believe they have been treated in an unlawful, discriminatory manner or have been unlawfully harassed, promptly report the incident to a supervisor. If an employee believes it inappropriate to discuss the matter with their supervisor, it should be directly reported to the Shift Manager. Once made aware of your complaint, PCMSI is committed to commence an immediate, thorough investigation of the allegations. Complaints will be kept confidential to the maximum extent as possible.

If, at the completion of an investigation, PCMSI determines that an employee is guilty of discriminatory or harassing behavior, appropriate disciplinary action will be taken against the offending employee.

PCMSI prohibits any form of retaliation against any employee for filing a bona fide complaint under this policy, or for assisting in the complaint investigation. However, if, after investigating any complaint of unlawful discrimination, PCMSI determines that an employee intentionally provided false information regarding the complaint, disciplinary action may be taken against the one who gave the false information.

Disciplinary Action Policy

PCMSI reserves the right to terminate an employee at any time for any lawful reason with or without prior disciplinary counseling or notice. Nothing in this Handbook or any other PCMSI document is intended to:

- Modify this “at-will” employment,
- Promise progressive discipline or disciplinary counseling,
- Promise notice in circumstances where PCMSI considers immediate termination or discipline to be appropriate.

Disciplinary actions may entail verbal, written, final warnings, suspension, or termination. All of these actions may not be followed in some instances. PCMSI reserves the right to exercise discretion in discipline. Prior warning is not a requirement for termination. If you are disciplined in writing, copies of your warnings are placed in your personnel file.

PCMSI reserves the right to take any disciplinary action it considers appropriate, including termination, at any time. In addition to those situations discussed elsewhere in this handbook, listed below are some other examples where immediate termination could result. This list is general in nature and is not intended to be all-inclusive:

- Discourtesy to a customer, provider, or the general public resulting in a complaint or loss of good will.
- Refusal or failure to follow directives from a supervisor, manager, or PCMSI officer.
- Breach of confidentiality relating to employer, employee, and customer, or provider information.
- Altering, damaging, or destroying PCMSI property or records, or another employee’s property.
- Dishonesty.
- Providing false or misleading information to any PCMSI representative or on any PCMSI records including the employment application, benefit forms, time cards, expense reimbursement forms, etc.
- Fighting or engaging in disorderly conduct on PCMSI’s or customer’s premises.
- Violations of any of PCMSI’s employment policies including, but not limited to, confidentiality, security, solicitation, conflict of interest, and code of conduct.
- Conduct or performance issues of a serious nature.
- Failure of a drug or alcohol test.

PCMSI Policies and Procedures

The following are necessary to maintain the standard of service that PCMSI promises to our customers.

- All receptionists must arrive at least five minutes before the start of their shift, ready to log in.
- Operators are liable for cost of repair or replacement of willfully damaged equipment. Drinks and food items are never allowed in the call center.
- Every call must be answered promptly, as any call at any time may involve a person's livelihood.
- Employees must convey professionalism at ALL times – both on and off calls.
*Remember the name of the company you are representing!
- Calls should be answered in the following order: GRAY (Priority), RED (Hold), BLUE (Ringing).
- Always answer all calls pleasantly and politely, making sure to correctly pronounce the client's name.
- Always include "Good Morning/Afternoon/Evening, this is (your name) unless the answer phrase indicates otherwise.
- Make sure to pay close attention to Locates, If Messages and special instructions.
- All information is to be entered into the computer. Pen and paper are to only be used in extreme circumstances.
- All messages need to exactly match what the caller says.
- All information must be **verified** to ensure accuracy.
- It is **never** acceptable to provide any caller with personal opinions or advice (including medical) in any situation.
- Maintain control of the call. Avoid letting the caller ramble. Politely interrupt the caller and request the information on the screen.

Operators may receive notices/warnings for impairing our ability to operate as an Answering Service. Examples of notices/warnings include but are not limited to: Violation of call requirements, policies, insubordination, attendance, etc.

Drug-Free Workplace Policy

We recognize alcohol and drug abuse as potential health, safety and security problems. It is expected that all employees will assist in maintaining a work environment free from the effects of alcohol, drugs or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

Employees are prohibited from the following when reporting for work, while on the job, on PCMSI premises or surrounding areas:

- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia;
- The unauthorized use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol; and
- Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine (“controlled substance” means a drug or other substance as defined in applicable federal laws on drug abuse prevention).

Any employee violating these prohibitions will be subject to disciplinary action up to and including termination.

Drug and alcohol testing can be carried out in compliance with any applicable state and federal laws and regulations.

We recognize that employees suffering from alcohol or drug dependence can be treated. We encourage any employee to seek professional care and counseling prior to any violation of this policy.

Violence-Free Workplace Policy

It is PCMSI's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. Therefore, PCMSI will not tolerate violence or threats of violence of any form in the workplace, at work-related functions, or outside of work if it affects the workplace. This policy applies to PCMSI employees, clients, customers, guests, vendors, and persons doing business with PCMSI.

It will be a violation of this policy for any individual to engage in any conduct, verbal or physical, which intimidates, endangers, or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax, or e-mail).
- Bullying or verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of a co-worker.
- Possession of firearms or any other lethal weapon on Company property, in a vehicle being used on Company business, in any Company owned or leased parking facility, or at a work-related function.
- Any other conduct or acts which management believes represents an imminent or potential danger to work place safety/security.

Anyone with questions or complaints about workplace behaviors which fall under this policy may discuss them with a supervisor or shift manager. PCMSI will promptly and thoroughly investigate any reported occurrences or threats of violence. Violations of this policy will result in disciplinary action, up to and including immediate termination of employees. Where such actions involve non-employees, PCMSI will take action appropriate for the circumstances. Where appropriate and/or necessary, PCMSI will also take whatever legal actions are available and necessary to stop the conduct and protect PCMSI employees and property.

Basic Employee Requirements on Every Call

Here at PCMSI, we aim to differentiate ourselves from our competition by offering extremely professional service. When marketing our service to potential clients we emphasize that accurate messages are taken at all times by our courteous and personable operators. In order to achieve this goal, we hold our operators to a very high standard of performance.

The following is expected of you as an operator:

- Quickly process calls professionally and personably
- Ask all questions in a courteous manner
- Take accurate and grammatically correct messages
- Verify information and spelling with callers
- Follow each client's instructions exactly as listed

Rudeness to callers is never tolerable in any situation. Shift supervisors are available for support if needed. Furthermore, terminating a call in any unprofessional manner is unacceptable and will result in termination.

Reported problems are taken very seriously and researched in depth by PCMSI management. If preventable errors are discovered, a written warning will be given to the operator documenting the mistake. This warning will be placed in the employee's personnel file. If subsequent mistakes occur within a 3-month period, you may be suspended or placed on probation. Three similar errors in a 3-month period will result in termination.*

(*Management reserves the right to deviate from the above guidelines if the mistake made is determined to be of a more serious or malicious nature.

Workplace Harassment Policy

PCMSI's policy is to provide a work environment that is free from harassment. Therefore PCMSI will not tolerate harassment based on age, race, gender, color, religion, national origin, disability, marital status, covered veteran status, sexual orientation, status with respect to public assistance, and other characteristics protected under state, federal, or local law. Such conduct is prohibited in any form at the workplace, at work-related functions, or outside of work if it affects the workplace. This policy applies to all PCMSI employees, clients, customers, guests, vendors, and persons doing business with PCMSI.

Sexual harassment, one type of prohibited harassment, warrants special mention. Sexual harassment has been defined according to PCMSI guidelines as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- *Submission to such conduct is made a term or condition, either explicitly or implicitly, of an individual's employment;*
- *Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment; or*
- *Such conduct has the purpose or effect of interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment.*

Examples of conduct prohibited by this policy include, but are not limited to:

- Unwelcome sexual flirtation, advances, or propositions;
- Verbal comments related to an individual's age, race, gender, color, religion, national origin, disability, or sexual orientation;
- Explicit or degrading verbal comments about another individual or his/her appearance;
- The display of sexually suggestive pictures or objects in any workplace location including transmission or display via computer;
- Any sexually offensive or abusive physical conduct;
- The taking of or the refusal to take any personnel action based on an employee's submission to or rejection of sexual overtures; and
- Displaying cartoons or telling jokes which relate to an individual's age, race, gender, color, religion, national origin, disability, or sexual orientation.

If you believe that you are being subjected to workplace harassment, you should:

1. Tell the harasser that his or her actions are not welcome and they must stop, if you feel comfortable enough to do so.
2. Report the incident immediately to your supervisor or Shift Manager.
3. Report any additional incidents or retaliation that may occur to one of the above resources.

Any reported incident will be investigated immediately and thoroughly. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given PCMSI's obligation to investigate and act upon reports of such harassment. Appropriate actions will be taken by PCMSI to stop and remedy any and all such conduct, including interim measures during a period of investigation.

Retaliation of any kind or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited. An employee who violates this policy or retaliates against an employee in any way will be subject to disciplinary action up to and including immediate termination.

Appendix C to Part 825–Notice to Employees Of Rights Under FMLA (WH Publication 1420)

**EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT**

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

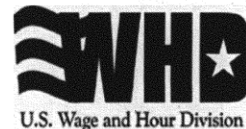
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

WHD Publication 1420 (Rev. XX-XXXX)

Meal Periods and Breaks

“Pennsylvania employers are required to provide break periods of at least 30 minutes for minors ages 14 through 17 who work five or more consecutive hours. Employers are not required to give breaks for employees 18 and over. If your employer allows breaks, and they last less than 20 minutes, you must be paid for the break. If your employer allows meal periods, the employer is not required to pay you for your meal period if you do not work during your meal period and it lasts more than 20 minutes.”

--Pennsylvania Department of Labor and Industry

PCMSI will make every attempt to release you to a 10 minute break and 30 minute lunch for every full time 8 hour shift worked when work conditions allow. There may be situations where it isn't feasible for your supervisor to send you on one of your breaks. Please notify your shift manager if you have a medical condition requiring specific break times or intervals.

Military Leave Policy

Leave for Annual Training

Employees who are members of the U.S. Army, Navy, Air Force, Marines or Coast Guard reserves or the National Guard may be granted leaves of absence for the purpose of participating in reserve or National Guard training programs.

Employees shall be granted the minimum amount of leave needed to meet the minimum training requirements of their units. No employee will be required to use vacation time for military duty, but employees who do elect to schedule their vacations to coincide with military duty will receive their full regular vacation pay in addition to any pay from the military.

In recognition of the public service performed by reservists and members of the National Guard, employees shall receive the difference between their regular pay and their service pay, excluding any military subsistence allowance or other expense allowances during the training period.

Leave for Active Reserve or National Guard Duty

Permanent employees who are members of the U.S. Army, Navy, Air Force, Marines or Coast Guard reserves or the National Guard may be granted leaves of absence for the purpose of participating in active duty tours.

Employees will be granted leave as required to complete the tour of duty, for up to five (5) years of cumulative uniformed service-related absences. There are some exceptions that may apply that are exempt from counting towards this five year accumulation.

Employees with leaves of less than 31 days must report back to work by the beginning of the first regularly scheduled work period after the end of the last calendar day of duty, plus the time required to return home safely and have an eight hour rest period.

Employees with leaves between 31 and 180 days must apply for re-employment no later than fourteen (14) days after completion of uniformed service. Employees with leaves longer than 180 days must apply for re-employment no later than ninety (90) days after completion of uniformed service.

Time spent in the reserves or the National Guard will be credited to all employees toward meeting length of service requirements for eligibility for retirement benefits and vacation entitlement. Employer pension contributions, however, may be suspended during military service because the employee is not in pay status, and employees will not accrue vacation while in the military.

Benefit Program

Here at PCMSI, we recognize the following seven legal holidays:

New Years Day	Easter Sunday	Memorial Day
Independence Day	Labor Day	Thanksgiving Day
Christmas Day		

All hourly Employees working these holidays will be paid time and one-half for all hours worked on the holiday itself. We schedule on Holidays as needed.

All shifts have an on call schedule, please check with your shift supervisor to review the details.

VACATION BENEFITS

For Employees Hired Before April 1, 2023

Regular full-time employees begin accruing vacation leave on the date of employment; however, no paid vacation days will be granted until the first year of employment is completed. Each employee will accrue vacation days on a yearly basis. Vacation may be taken in full-day increments of time. Vacation not used by the end of the employment year will be forfeited.

- 1 year - 5 days+ 1 day in the month of your Birthday
- 3 years - 10 days + 1 day in the month of your Birthday
- 5 years - 15 days* + 1 day in the month of your Birthday
- 10 years - 15 days* + 1 day in the month of your Birthday and 2 bonus days
- 15 years - 20 days* + 1 day in the month of your Birthday and 2 bonus days
- 20+ years - 25 days** + 1 day in the month of your Birthday and 2 bonus days

*10-day cap May-Sept

**15-day cap May-Sept

For Employees Hired On or After April 1, 2023

Regular full-time employees begin accruing vacation leave after 60 days of full-time employment. Vacation days will not be granted until the first year of employment is completed. (Except those employees hired from Communications Center, Inc. who are being given credit for years of service with Communications Center, Inc. Their vacation hours will accrue according to years of service and will be given on the anniversary of their employment at Communications Center.) Each employee will accrue vacation days on a prorated basis based on the number of hours actually worked per pay up to a maximum established by PCMSI.

Section: Time Away From Work

Vacation will be taken in full-day increments of time.

Any time taken less than a full day is at the discretion of management. Vacation time not used by the end of employment year will be forfeited.

- 1 year - 5 days+ 1 day in the month of your Birthday
- 3 years - 10 days + 1 day in the month of your Birthday
- 5 years - 15 days* + 1 day in the month of your Birthday
- 10 years - 15 days* + 1 day in the month of your Birthday and 2 bonus days
- 15 years - 20 days* + 1 day in the month of your Birthday and 2 bonus days
- 20+ years - 25 days** + 1 day in the month of your Birthday and 2 bonus days

*10-day cap May-Sept

**15-day cap May-Sept

Insurance

Highmark Blue Cross Blue Shield medical coverage is available to full time employees after 90 days of employment.

Highmark Blue Edge Dental/Davis Vision/Guardian Life are available after the first 30 days of employment. All Employees are eligible and bi-weekly deduction is based on your selected coverage.

A PNC Simple IRA/401k program with a 3% company match is available after two years of employment.

The Standard \$20,000 Life/Long Term Disability coverage is available to full time employees after five years of employment, company paid.

*A \$6 deposit will be taken out of your first paycheck to cover your electronic key card.
Your Local Services Tax will be deducted \$2 from every paycheck*

Attendance Policy

Attendance

Working together to make our TEAM better!

Arriving on Time

It is encouraged that in-house employees punch in 5 minutes prior to the start time of your shift and at home employees sign on 5 minutes prior to the start of their shift as generally you will be relieving another operator. Punching in any time after your scheduled start time will result in a late arrival. If you are going to be late it is your responsibility to call management directly (459.2000) ASAP to let them know why and what time you will be able to start work. This may result in a written notice

Excused Absence

Illness or hospitalization accompanied by a doctor's excuse that may be hand delivered or faxed to 814.459.7346.

- Death of an immediate family member
- Jury Duty
- Other personal emergencies (at discretion of direct supervisor)

Unexcused Absence

- Calling off for any other reason including but not limited to sickness without a doctor's excuse, childcare issues, transportation issues, personal legal issues, "personal reasons", poor weather, electricity out, etc. is considered unexcused.

Attendance Issues

2 or more unexcused attendance violations in a 1 month period will result in:

- A written notice of an attendance issue.
- Managers review for the month of violation which will include general attitude, call review scores, stats, pie chart results and any other write up's or favorable action forms.
- Disciplinary action including, formal write up, probation, suspension, or termination.

If an employee needs to leave work during their shift, their absence will be considered a call off and fall under the categories of excused or unexcused in accordance with the above. Any "walk out" situation or "no call/no show" will be considered an immediate termination of employment.

Call-off Guidelines

To help us effectively serve our customers, it is required that each employee call off from a scheduled shift using the following guidelines:

- Shifts starting anytime between 5am-9am (considered "Day" shifts) must call in at least 2 hours prior to shift.
- Shifts starting anytime between 9:30am-4:30am (considered mid-shifts, evening shift and night shift) must call in at least 4 hours prior to shift.

- You will be required to try to find a replacement by calling fellow employees. Failure to attempt and find a replacement may result in Disciplinary Action.

Religious Observances

Federal and state equal opportunity laws generally require employers to accommodate the religious beliefs of employees, but do not require them to provide paid leave.

We must reconcile employees' religious obligations with the requirements of running a business and serving customers. Supervisors will authorize schedule changes and/or additional use of vacation leave or unpaid leave, only where the requested arrangement, in the supervisor's judgment, neither prevents the requesting employee from meeting the requirements of the job nor unfairly burdens other employees.

Employees who need time off for religious observance should request leave from their supervisors at least 30 days in advance. Time off is granted only with prior approval, but will not be unreasonably withheld.

Vacation Policy

Policy

Regular full-time employees begin earning vacation leave on the date of employment; however, no paid vacation days will be granted until the first year of employment is completed. Each employee will accrue vacation days on a yearly basis. Vacation may be taken in full-day increments of time. Vacation not used by the end of the employment year will be forfeited.

Procedure

All employees are required to submit a written request for vacation leave at least 1 month prior to the date they wish their vacation to begin. This form should be submitted to the Shift Supervisor, who will forward it to the Shift Manager for approval. Supervisors will resolve conflicting leave requests within a department by considering factors such as:

- Departmental staffing needs
- Seniority
- Length of desired vacation
- Elapsed time since employee's last vacation

Regular Full-Time Employees

Regular full-time employees are permitted 5 days paid vacation and 1 bonus vacation day in the month of the employee's birthday after completion of their first year. The total increases to 10 days paid vacation and 1 bonus vacation day in the month of the employee's birthday after the employee has been employed at full-time status for a total of 3 years. The total increases to 15 days paid vacation and 1 bonus vacation day in the month of the employee's birthday after a total of 5 years of full-time employment. The total increases to 17 days paid vacation days and 1 bonus vacation day in the month of the employee's birthday after a total of 10 years at full-time status. After 15 years of full-time employment status the total increases to 22 days paid vacation and 1 bonus vacation day in the month of the employee's birthday. After 20+ years of full-time employment, the total increases to 27 days paid vacation and 1 bonus vacation day in the month of the employee's birthday.

Accrued Vacation Pay and Employee Separation

Only employees who resign from PCMSI in good standing after providing appropriate written notice will receive their unused, accrued vacation pay. In all other situations, employees forfeit any accrued vacation pay.

Emergency Action Plan

Purpose

To proactively protect the health and safety of all PCMSI employees.

Practice

We recognize that our people drive our business. As our most critical resource, employees are safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. No duty, no matter what its perceived result, is more important than employee health and safety.

General Guidelines in an Emergency

Stay calm and think through your actions.

Be aware of your surroundings.

- Know where exits are located. .
- Do not hesitate to call/alert others if you believe that an emergency is occurring.

Fire

Evacuation:

- In the case of a building fire, immediately evacuate the building using the closest exit. Do not delay evacuation to get your coat, personal belongings, finish a phone call, or wait for friends.

If you discover a fire:

- Alert other persons in the immediate hazard area.
- Call 911, notify your supervisor or shift manager.
- If you have been trained to use a fire extinguisher, following these instructions:
 - Pull the safety pin
 - Aim the nozzle at the base of the fire
 - Squeeze the operating lever
 - Sweep side to side, covering the base of the fire

When using a fire extinguisher, always stay between the fire and an exit. Never feel that using a fire extinguisher is required. If the fire is too hot, too smoky, or you are frightened, evacuate immediately.

Medical Emergency

- Upon discovering a medical emergency, call (9) 9-1-1.
- Any medical injury must be reported to the shift supervisor or manager so Worker's Compensation procedures can be correctly followed.
- Stay with the ill/injured person. Be careful not to come into contact with any bodily fluids unless properly trained and protected.
- Employees in the immediate vicinity of the emergency, but not involved in the emergency effort, should leave the area.

Workplace Violence

- Any employee who feels that (s)he has been threatened should immediately report their concern to their supervisor or shift manager.
- If you observe anyone exhibiting threatening behavior or making threatening statements, warn others in the area and immediately notify your supervisor or shift manager. Stay away from the person exhibiting the threatening behavior.
- Depending upon the level of concern, (9) 9-1-1 may be called immediately.
- Never attempt to confront any person exhibiting threatening behavior.

General Computer Usage Policy

General Usage

PCMSI requires a General Computer Usage Policy to accomplish its business objectives in a secure and timely manner. Instituting such a policy demonstrates the commitment PCMSI has to safeguard corporate information assets. That commitment must extend from every individual involved in business operations.

- All data on information systems at PCMSI is classified as Company proprietary information.
- Any attempt to circumvent PCMSI's security procedures is strictly prohibited.
- Unauthorized use, destruction, modification, and/or distribution of PCMSI's information or information systems is strictly prohibited.
- All PCMSI's information systems will be subject to monitoring and auditing at all times. Users acknowledge that they have **no expectation of privacy** with regard to their activity on PCMSI's information systems.
- Use of any PCMSI's information systems or dissemination of information in a manner bringing disrepute, damage, or ill- will against PCMSI is not authorized.
- Individual passwords will be kept strictly confidential. In no situation should a username and password be given to another individual.
- Misuse, as defined in this policy, will be handled directly with the offender and could include disciplinary action up to and including discharge.

Internet Usage

To ensure security, avoid the spread of viruses and malware, and to maintain PCMSI's secure network, Internet Usage Policies will be strictly followed.

The computer network is the property of PCMSI and is to be used for legitimate business purposes. Users are provided access to the computer network only to assist them in the performance of their jobs.

Any unauthorized use, personal or otherwise, of the computer is strictly prohibited at all times and for all reasons.

Violation of these policies will result in immediate termination and may result in legal action. Employees will be held personally liable for damages caused by any violations of this policy.

Inner-Office Messaging

Each station is equipped with the Spectrum Messenger® program to permit all staff to be in quick communication with each other. This software is to be utilized strictly for business related communication. Users should have no expectation of privacy on this software, as conversations are monitored and published regularly.

Online Social Networking Policy

Our company is committed to maintaining a good relationship with employees and with the outside world. If PCMSI sustains a positive reputation and excellent image in the public eye, it directly benefits the company as a whole in addition to putting you in an advantageous situation as an employee. The way the public views PCMSI is vital to promoting business, gaining new business, retaining first-class employees, recruiting new employees and marketing our products/services.

While PCMSI has no intentions of controlling employees' actions outside of work, it is important that employees practice caution and use discretion when posting content on the Internet, and especially on social networking sites that could affect PCMSI's business operations or reputation. This policy serves as a notice on the practice of social networking for all employees to read and understand.

Purpose

The purpose the Online Social Networking Policy is:

- To guarantee a constructive relationship between PCMSI and its employees.
- To reduce the possibility of risk to PCMSI or its reputation.
- To discourage the use of company time for personal networking.
- To ensure employees are aware of their actions while engaging in social networking, the number of individuals who can access information presented on social networking sites and the consequences associated with these actions

Definitions

Social Networking

Defined as any activity that involves interaction in online communities of people. This interaction includes, but is not limited to, browsing other users' profiles, browsing other users' photos, reading messages sent through social networking forums and engaging in online communities' instant messaging services.

Social Networking Sites

Specific online communities of users, or any Web site that links individuals electronically and provides a forum where users can connect and share information. These Web sites can be general or tailored to specific interests or certain types of users. Examples of popular social networking sites include Facebook[®], Google+[®], Twitter[®], MySpace[®], Flickr[®], Friendster[®], Classmates.com[®], LinkedIn[®], Xanga[®] and Bebo[®]. The list of domains that constitute social networking sites is ever-growing and changing because of the nature of the Internet.

Social Networking Profile

A specific user's personalized Web page within a certain social networking site, usually containing personal information such as name, birthday, profile photo, interests, etc.

Micro-blogging

The practice of publishing your recent whereabouts, thoughts or activities on a social networking site for other users to see. This is the main focus of social networking sites such as Twitter, but it also includes features like “status updates” on Facebook.

Business Purposes

Using a social networking site for the company’s gain, usually as a task or assignment given by a manager/supervisor. This can be done either through a specific company account on a given social networking site or through a personal account for the purposes of recruiting or marketing for PCMSI.

Procedures

Prohibited Conduct

Having your own, individual social networking account and using it on your own time is certainly permissible. However, keep in mind that some actions on your personal site are visible for the entire social networking community and are no longer private matters. While PCMSI will not be continuously monitoring employees’ personal conduct on social networking sites, it might be a good guideline to assume that anything posted on your personal social networking profile could potentially be seen by anyone at the company. While this section of the policy is a sensitive one, PCMSI put it in place to protect not only the company, but you and your job. It is for your own security and defense that you follow these guidelines:

- Do not use the company name, address or other information in your personal profile. This is for your physical safety as well the safety of everyone else at PCMSI and the protection of PCMSI’s name.
- Do not post any pictures or comments involving the company or other PCMSI employees that could be construed as defamatory.
- You are also responsible for what other users post on your individual social networking profile. Do not allow inappropriate or sensitive information regarding PCMSI anywhere on your profile, even if it is generated by a different user.

Facebook® is a registered trademark of Facebook, Inc. Twitter® is a registered trademark of Twitter, Inc. MySpace® is a registered trademark of News Corporation. Bebo® is a registered trademark of Bebo.com. LinkedIn® is a registered trademark of LinkedIn Corporation. Classmates.com® is a registered trademark of United Online, Inc. Friendster® is a service mark of Friendster, Inc. BlackBerry® is a registered trademark of Research in Motion Limited. iPhone® is a registered trademark of Apple Inc. Windows Mobile® is a registered trademark of Microsoft Corporation. Android® and Google +® are registered trademarks of Google Inc. Linux® is a registered trademark of Linux Online Inc. Palm® is a registered trademark of Palm, Inc.

Use of Portable Electronics

Employees are required to keep their cellular telephones and portable electronics out of the call center at all times, unless prior written notice has been given by management.

Confidential Information and Company Property

During your employment at PCMSI, you may have access to confidential and proprietary data which is not known by competitors or within the telecommunications business generally. This information (hereinafter referred to as “Confidential Information”) includes, but is not limited to, data relating to PCMSI’s marketing and servicing programs, procedures and techniques; the criteria and formulae used by PCMSI in pricing its products and services; the structure and pricing of special packages that PCMSI has negotiated; lists of customers and prospects; the identity, authority, and responsibilities of key contacts at PCMSI accounts; the composition and organization of accounts’ businesses; the peculiar risks inherent in their operations; sensitive details concerning the structure, conditions, and extent of their existing products and services; contract expiration dates; commission rates; service arrangements; proprietary software, Web applications and analysis tools; and other data showing the particularized requirements and preferences of the accounts. This Confidential Information constitutes a valuable asset of PCMSI, developed over a long period of time and at substantial expense.

To protect PCMSI’s interest in this valuable asset, you must (a) not use any such Confidential Information for your personal benefit or for the benefit of any person or entity other than PCMSI, and (b) use your best efforts to limit access to such Confidential Information to those who have a need to know it for the business purposes of PCMSI. In addition, there should be no instance where you should take information outside of the office.

During the course of your employment with PCMSI, you will be provided and/or will generate correspondence, memoranda, literature, reports, summaries, manuals, proposals, contracts, customer lists, prospect lists, and other documents and data concerning the business of PCMSI. Any and all such records and data, whether maintained in hard copy or on a computer disk, computer hard drive, computer tape, or other medium is the property of PCMSI, regardless of whether it is or contains Confidential Information. Upon termination of your employment at PCMSI, you are required to return all such records to PCMSI and may not retain any copy of any such records or make any notes regarding any such records. We reserve the right to search for such information and property in personal items while on PCMSI premises such as vehicles, purses, briefcases, etc.

Personal Confidentiality:

All employee information is considered confidential. Any situation where information is discovered, directly discussed, or overheard about any employee currently employed at PCMSI must be kept confidential.

Any breach of employee confidentiality will result in suspension or termination.

Conflicts of Interest

All employees have a duty to further PCMSI's aims and goals, and to work on behalf of its best interest. Employees should not place themselves in a position where the employee's actions or personal interests may be in conflict with those of PCMSI. Examples include soliciting or profiting from PCMSI's client/prospect base or other Company asset for personal gain, acting on behalf of PCMSI in servicing or obtaining a client and limiting the best solution for the client/prospect for personal financial gain, and acting as director, officer, employee, or otherwise for any business or institution with which PCMSI has a competitive or significant business relationship without the written approval of the President.

Employees should report to their manager any situation or position (including outside employment by the employee or any member of the employee's immediate household) which may create a conflict of interest with PCMSI. The Employee hereby agrees not to directly or indirectly compete with the business of PCMSI and its successors and assigns during the period of employment and for a period of two years following termination of employment and notwithstanding the cause or reason for termination.

The term "not compete" as used herein shall mean that the Employee shall not own, manage, operate, or consult in a business substantially similar to, or competitive with, the present business of PCMSI or such other business activity in which PCMSI may substantially engage during the term of employment.

The Employee acknowledges that PCMSI shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party.

Dress Code

Philosophy and Purpose

It is PCMSI's intent that work attire should complement an environment that reflects an efficient, orderly, and professionally operated organization. This policy is intended to define appropriate "casual business attire" during normal business operations, third shift hours, weekends and holidays. PCMSI reserves the right to continue, extend, revise or revoke this policy at its discretion. Enforcement of this guideline is the responsibility of PCMSI management and supervisory personnel.

The key point to sustaining an appropriate causal business attire program is the use of common sense, good judgment, and applying a dress practice that PCMSI deems conducive to our business environment. If you question the appropriateness of the attire, it probably isn't appropriate.

Requests for advice and assistance in administrating or interpreting this guideline should be directed to your shift manager or supervisor.

Appropriate Attire-1st and 2nd shift

Men:

- Dress/polo/button down shirt
- Plain or pocket T-shirt
- Sweaters, sweater vests, and cardigans
- Dress slacks or khaki pants
- Dress jeans (NO DENIM or HOLES/TEARS)
- Dress/walking shorts
- Casual or dress shorts

Women:

- Dress/polo/button down shirt
- Plain or pocket T-shirt
- Sweaters, sweater vests, and cardigans
- Leggings
- Dress slacks or khaki pants
- Dress jeans (NO DENIM or HOLES/TEARS)
- Knee length or longer capris
- Dress/walking shorts

Appropriate Attire-3rd Shift, Weekends, Holidays and Nonscheduled Work Hours

- All attire listed for 1st and 2nd shift
- Sweatshirts
- Hooded shirts/sweaters/sweatshirts (hoods must be kept off of heads)
- T-shirts with non-offensive words and/or images
- Denim jeans
- Athletic wear/shoes

Unacceptable Attire

- T-Shirts with offensive/inappropriate words and/or images
- Tank/tube/halter/midriff/off-the-shoulder tops
- Spaghetti straps
- Spandex or Lycra such as biker shorts
- Beach wear or beach flip-flops
- Provocative attire
- Cutoffs
- Hats
- Headwear, including hoods and bandanas
- Pajama pants
- Sweatshirts*
- Hooded shirts/sweaters/sweatshirts*
- Denim jeans*
- Athletic wear/shoes*

**3rd shift, weekends, Holidays and nonscheduled work hours see above*

PCMSI will reasonably accommodate an employee's securely held religious beliefs and practices as it relates to this policy unless doing so would cause undue hardship on the conduct of our business. Medically necessary accommodations will be accepted with a written Doctor's note.

Enforcement

Department managers and supervisors are responsible for monitoring and enforcing this policy. The policy will be administered according to the following action steps:

- If questionable attire is worn in the office, the respective department manager/supervisor will hold an individual discussion with the employee to give advice and counsel.
- If an obvious policy violation occurs, the department manager/supervisor will hold an individual discussion with the employee and ask the employee to go home and change his/her attire immediately. A written warning will be given and signed by the manager/supervisor and the employee.
- Repeated policy violations will result in disciplinary action, up to and including termination.

Employee Fraternalization Policy

PCMSI wants to preserve a working environment that has clear boundaries between personal and professional relationships. This is believed to be the best for conducting business. This policy establishes clear boundaries with regard to how relationships develop at work and within the confines of the work area.

- During working hours and on PCMSI property, employees of PCMSI are expected to keep all personal interactions limited and at a professional level to avoid distracting and/or offending others.
- Employees are prohibited from engaging in any physical interactions that would be seen as inappropriate on PCMSI property. What is inappropriate conduct is in the discretion of the employer.
- Employees who engage in personal relationships with others and allow these relationships to negatively affect the working environment will be subject to disciplinary action. If said employees fail to change their behavior after disciplinary action takes place, they may be subject to further punishments and/or termination.

Employee Referral Bonus Award Program

An award program has been established to encourage our present employees to refer quality people to PCMSI. The following is the proper procedure:

- Any recommendation will be given in writing to the shift manager and HR.
- After written recommendation, potential employee must send their resume to resume@pcmsi.com. It would be helpful if they stated the name of the current employee that suggested the position.
- All recommendations will be kept open for a period of 6 months.
- In the event that two employees recommend the same individual, Management will review the situation to determine who qualifies to receive the award.
- If hired, and after a successful orientation period of 60 days, the referring employee will be given a **\$500 award** and the referral will receive a **\$100 award** as well.
- All award and bonus checks must be run through our payroll company so that the amount will be properly taxed as income.

Any questions regarding this program should be forwarded to Human Resources.

Orientation Period

For all employees hired by PCMSI, the first 90 days of employment are considered to be a trial period. The employee is encouraged and expected to ask questions concerning his/her job responsibilities, and determine if he/she is satisfied with the position. During this time, the employee will undergo orientation, training and monitoring as directed by their supervisor. An evaluation regarding performance will be completed by the supervisor at the end of the first 30 days.

At any time during the first 90 days, if the employee's job performance is found to be unsatisfactory by his/her supervisor, employment will be terminated. The completion of this period does not create anything other than an "at-will" relationship.

Employment is "at will" both during and after the orientation period.

Operator Level Designation

Newly hired employees will have a default operator level designation of Level 3. Upon their 30 day evaluation, it will be determined if their performance has deemed a promotion to a Level 5 operator designation. If it is determined that the employee's performance has not met Level 5 standards, another performance evaluation will be done at the 60 day employment period.

Senior Level operators will have a Level 9 operator designation. Level 9 is based upon the employee's seniority and work performance. A Level 9 Operator must demonstrate excellence at all aspects of their job, including attendance. Level 9 operators will be heavily relied upon to navigate PCMSI's most difficult accounts and will have additional responsibilities.

Any questions regarding Operator Level Designation can be directed to your Shift Manager.

Overtime Pay

PCMSI shall compensate all hourly, non-exempt employees time and one-half for all hours worked in excess of 40 hours each week. The workweek begins on Sunday morning (12:00 a.m.) and ends on Saturday at midnight.

At times, employees will be asked to work overtime to complete necessary work tasks. The employee's supervisor will notify the employee as early as possible regarding his/her scheduling needs.

If an employee would like to work overtime hours, he/she must receive prior authorization from his/her supervisor in writing before working the overtime hours. Unless prior authorization has been given, PCMSI will recognize the beginning of a work shift to be the lesser of five (5) minutes before the start of a shift or the time punched on the clock. No employee will be granted more than five (5) minutes of paid time prior to a shift unless approval is obtained from Shift Supervisor or Shift Manager.

Performance Evaluations

PCMSI is committed to providing you with feedback both formal and informal, about your performance on the job. Managers are responsible for on-going performance feedback. In addition, your manager may formally discuss and document your call quality on a regular monthly basis. An initial performance review will be conducted within 45 days after an employee begins a new job. You will also be evaluated overall to be considered for any pay increase on a yearly basis in the anniversary month of your hire. Please contact the Shift Manager if you feel that an evaluation is due to you or would be helpful to you.

Your performance appraisal discussion will include a review of your strengths; identify any areas needing improvement, and goals and objectives that need to be achieved. Specific performance problems may be addressed outside the performance appraisal cycle through either informal discussions or formal disciplinary action.

Formal performance feedback becomes a permanent part of your personnel file.

Personnel Records

Employee personnel files may include the following: (job application, job description, resume, records of participation in training events, salary history, records of disciplinary action and documents related to employee performance reviews, coaching, and mentoring). Personnel records are maintained on a current basis. Please notify us immediately of any change of name, address, telephone number, marital, dependent or tax status. Personnel records are kept highly confidential, and are not available to anyone outside of PCMSI unless you have authorized the release, or release is to an authorized governmental agency, or is required by law. To obtain access to your records, contact the Shift Manager.

Pay Periods

Employees of PCMSI work a standard work week Sunday thru Saturday. Employees will be paid on a bi-weekly basis on every other Friday. If these dates fall on a holiday, employees will be paid on the last work day prior to the holiday.

If an employee is absent on the date of paycheck distribution, his/her check will be held until his/her return.

Paychecks will only be released to the individual whose name appears on the check or an individual who the employee has designated and approved through written consent.

Shift Differential Pay

PCMSI shall compensate all hourly, non-exempt employees a shift differential for time worked between the hours of 11pm-7am. Such differential amount will be determined and implemented by the President and HR department at PCMSI. The differential shall be credited in 15 minute increments rounded up to the nearest full quarter hour; eight or more minutes must be rounded up to the next quarter, and less than eight minutes will be considered part of the previous quarter hour.

Shift differential will be in addition to overtime and holiday pay. Therefore, it will not be used in the rate of basic pay to determine yearly rate increases, holiday pay, or overtime pay.

Shift differential will not apply to any paid time off or vacation time.

Workers' Compensation

Basic Workers' Compensation Information

- The Workers' Compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying Workers' Compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
- You should report immediately any injury or work-related illness to your employer.
- You are responsible to obtain a claim number from the supervisor or manager on duty after they take the necessary steps according to Worker's Compensation procedures.
- Your benefits could be delayed or denied if you do not notify your employer immediately.
- If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation judge.
- The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 S. Cameron St., Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of Pennsylvania (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); Website: www.state.pa.us; PA Keyword: workers comp.

Requirements for Employer's List of Health Care Providers

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCO's).
4. The names, addresses, phone numbers and areas of medical specialties of all care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriately based on the anticipated work-related problems of the employees.
6. Your employer must specify on the list if any of the health care providers on the list are employed, owner or controlled by you employer or its worker's compensation insurance company.

Note: Your employer's list of health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

Bureau of Worker's Compensation
Helpline Information Center
1-800-482-2383 (long distance call inside PA)
(717)772-4447 (local and calls outside PA)

Employee's Acknowledgment of Physician Panel

Notice: Medical treatment for your injury or occupational illness

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted **on the bulletin board in the Answering Service** for you to view. Also, you may get a copy of this list from **Human Resources**.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

Medical treatment: during the first 90 days

- You have the RIGHT to receive reasonable medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat your injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of your work injuries or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk your employer before seeking treatment from a provider who is not listed on the list.

Important: The requirements your employer must meet to have a valid list of at least 6 providers shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

Medical treatment: after the first 90 days

- You have the RIGHT to receive treatment from any physician or health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or health care provider who is not listed by your employer. You must notify your employer within 5 days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment until you have given this notice.

Your signature on this form indicated that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

This copy is for your records. The copy you must sign and return is included in the Forms section of this Handbook.

Communicable Disease Policy

Professional Communication Messaging Service, Inc. (PCMSI) will take proactive steps to protect the workplace from a communicable disease outbreak. It is the goal of PCMSI to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

PCMSI will always ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles and railings.

PCMSI is committed to providing authoritative information about the nature and spread of communicable diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

PCMSI will keep current with best practices regarding communicable diseases and will take measures to educate all employees regarding their responsibilities. Policies and procedures may be added, updated or amended to comply with Federal, State or Local regulations and laws.

PCMSI will make decisions involving persons who have communicable diseases based on current and well-informed medical judgments concerning the disease. The risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, along with careful weighing of the identified risks and the available alternatives for responding to an employee with a communicable disease will be considered.

PCMSI will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure sufficient safeguards to maintain the privacy.

All employees of PCMSI agree to openly share protected health information (PHI) with PCMSI management as it relates to any communicable disease and the spreading of it in the workplace.

All employees of PCMSI carry the responsibility to inform PCMSI Management of personal knowledge of being tested, diagnosed, or receiving treatment for any communicable disease as it relates to employment.

We ask all employees to cooperate in taking steps to reduce the transmission of communicable disease in the workplace. The best strategy remains the most obvious—frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough; and discarding used tissues in wastebaskets. Also, by using the hand sanitizers and surface cleaners that are available at your stations and throughout the workplace and common areas.

All employees of PCMSI, both in the workplace and working from home, carry the responsibility to adhere to all best practices, and laws regarding communicable diseases.

Pest Control Policy

PCMSI is committed to providing a safe, clean and healthy work environment for all employees. Unfortunately, as with any work place, pests/bugs can become an issue as they can be an internal problem or brought in by any employee. PCMSI will try to prevent any type of pest/bug issue and will work to properly identify and eradicate any that are identified in our offices.

PCMSI requires all employees to be vigilant in the work place and at home. If any employee knows or has reason to believe that they or their home has been infested with any type of pest/bug, we expect that appropriate actions to prevent the spread will be taken. If you have any questions or concerns in this regard, please contact Human Resources.

In order to continue to provide a safe, clean and healthy work environment, PCMSI may, from time to time, engage external contractors to perform walk-through inspections. In order to minimize both exposure to and/or the spread of pests/bugs, if an inspection is positive, all appropriate measures will be taken.

If, at any time, a pest/bug is found at PCMSI the following procedure is required:

- Notify your manager and/or supervisor immediately.
- The best effort will be taken to get the live pest/bug in a sealed plastic bag for positive identification.
- Pest control will be called to perform an inspection.
- Proper and appropriate measures, as advised by pest control, will be taken.

PCMSI will help to properly guide any employee that reports a home infestation that may affect our work place. Privacy and discretion will be used with this sensitive matter. Please contact Human Resources if needed.

Employee Handbook: Forms

- W-4 Employee Withholding
- I-9 Employment Eligibility
- Direct Deposit
- Acknowledgment of Physician Panel
- Receipt of Employee Handbook
- HIPAA Training Acknowledgement form
- Emergency Contact Information

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

2023

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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.		
	Employee's signature (This form is not valid unless you sign it.)		Date

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



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)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
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):
 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



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

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	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
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)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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
--	---------------------------	---

Professional Communications Messaging Service, Inc. Direct Deposit Agreement

I, _____, CLOCK # _____, HEREBY AUTHORIZE DSA of ERIE, INC., (the payroll processing service assigned by my employer), PCMSI, TO DIRECTLY DEPOSIT MY PAYROLL CHECK, IN WHOLE, INTO THE ACCOUNT DESCRIBED BELOW. I UNDERSTAND THAT THIS AGREEMENT MAY BE CANCELLED AT ANY TIME IN WRITING BY EITHER PARTY. I ALSO ACKNOWLEDGE THAT IT WILL TAKE APPROXIMATELY TEN (10) BUSINESS DAYS TO BECOME EFFECTIVE.

EMPLOYEE SIGNATURE: _____ DATE: _____

___ CHANGE IN AUTHORIZATION ___ NEW AUTHORIZATION

FINANCIAL INSTITUTION NAME: _____

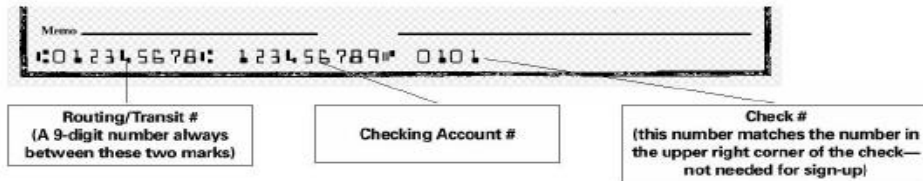
HOME OFFICE: _____

ADDRESS: _____

Street Address Suite #

City State Zip

TYPE OF ACCOUNT: ___ CHECKING -or- ___ SAVINGS



ACCOUNT NUMBER: _____

ROUTING OR TRANSIT NUMBER: _____

LIST ALL NAMES EXACTLY AS THEY APPEAR ON THE ACCOUNT: _____

***** ATTACH COPY OF CHECK HERE.** Please note: DO NOT attach a copy of a deposit slit. Banks and Credit Unions are not using appropriate numbers for the account on the deposit slips as an added security feature. These numbers will not work for depositing your payroll check into your specified account.

ATTACH VOIDED CHECK HERE



Employee's Acknowledgment of Physician Panel

Notice: Medical treatment for your injury or occupational illness

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted on the bulletin board in the Answering Service for you to view. Also, you may get a copy of this list from Human Resources.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

Medical treatment: during the first 90 days

- You have the RIGHT to receive reasonable medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat your injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of your work injuries or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk your employer before seeking treatment from a provider who is not listed on the list.

Important: The requirements your employer must meet to have a valid list of at least 6 providers shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

Medical treatment: after the first 90 days

- You have the RIGHT to receive treatment from any physician or health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or health care provider who is not listed by your employer. You must notify your employer within 5 days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment until you have given this notice.

Your signature on this form indicated that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I, _____, have been informed of my medical treatment rights and duties with regard to work-related injuries and occupational illnesses. This notice was presented to me at:

- Time of Hire When I was injured Other

Employee: _____ Date: _____

Employer Representative: _____ Date: _____

- Employee Refuses to sign but was provided a copy of this document



Receipt of Company Employee Handbook

The Employee Handbook (sometimes called a Personnel Policy Manual, and referred to as the “Manual”) is a compilation of personnel policies, practices and procedures currently in effect at PCMSI, an equal opportunity employer.

This Manual is designed to introduce employees to the organization, familiarize you with Company policies as they pertain to you as an employee, provide general guidelines on work rules, disciplinary procedures and other issues related to your employment, and to help answer many of the questions that may arise in connection with your employment.

This Manual and any other provisions contained herein do not constitute a guarantee of employment or an employment contract, express or implied. You understand that your employment is “at-will” and that your employment may be terminated for any reason, with or without cause, and with or without notice. Only the authorized representative(s) of PCMSI has the authority to enter into a signed written agreement guaranteeing employment for a specific term. This Manual is intended solely to describe the present policies and working conditions at PCMSI. This Manual does not purport to include every conceivable situation; it is merely meant as a guideline, and unless laws prescribe otherwise, common sense shall prevail. Of course, Federal, state, and/or local laws will take precedence over PCMSI policies, where applicable.

Personnel Policies are applied at the discretion of PCMSI. PCMSI reserves the right to change, withdraw, apply, or amend any of our policies or benefits, including those covered in this Manual, at any time. PCMSI may notify you of such changes via a printed memo, notice, amendment to or reprinting of this Manual, but may, in its discretion make such changes at any time, with or without notice and without a written revision of this Manual.

By signing below, you acknowledge that you have received a copy of PCMSI’s Employee Handbook, and understand that it is your responsibility to read and comply with all of the policies contained therein and any revisions made to it. Furthermore, you acknowledge that you are employed “at-will” and that this Manual is neither a contract of employment nor a legal document.

Signature

Date

Please print your full name

Please sign and date one copy of this notice and return it to Human Resources.



HIPPA TRAINING ACKNOWLEDGMENT FORM

As an employee, I hereby acknowledge that I have reviewed and have been tested on a complete and current copy of Professional Communications Messaging Service Inc. (PCMSI)'s Health Insurance Portability and Accountability Act (HIPAA) Training. I agree without reservation to follow and abide by the policies, procedures, rules and regulations included in HIPAA and HITECH.

Furthermore, I understand that PCMSI reserves the right to change any of such rules, regulations, policies, practices, and procedures in whole or in part at any time, with or without notice to employees.

Name of Employee: _____

Driver's License Number: _____

Signature of Employee: _____ Date: _____

Signature of Trainer: _____ Date: _____



Emergency Contact Information

Employee Name:

Emergency Contacts:

Name:

Phone Number:

Name:

Phone Number:

Allergies:

Numbers for Phone List

Name:

Home:

Cell: