

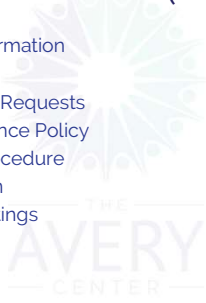
The First Day: Orientation (Part 2)



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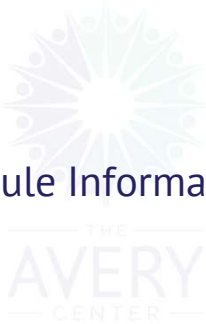
The First Day: Orientation (Part 2)

- Pay Schedule Information
- Theft Policy
- Wants and Needs Requests
- Attendance/Absence Policy
- Day Off Notice Procedure
- Conflict Resolution
- Expectations Meetings



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Pay Schedule Information



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Pay Schedule Information

	SUN	MON	TUES	WED	THUR	FRI	SAT
Due		Payroll Submitted for Direct Deposit				Wages Deposited to Employee for Previous Period	Work Completed Due at Midnight
Wk 1	Off	Off	Work	Work	Work	Off	Off
Wk 2	Off	Off	Work	Work	Work	Off	Off



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Theft Policy



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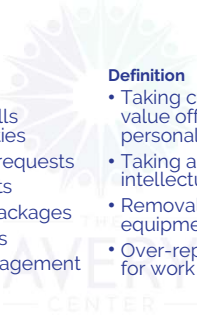
Theft Policy

Prevention

- Self-advocacy and communication skills learning opportunities
- Wants and Needs requests
- Employee discounts
- Monthly hygiene packages
- On-site basic needs
- Intensive care management

Definition

- Taking cash or items of value off property and into personal possession
- Taking and sharing intellectual property
- Removal of supplies & equipment
- Over-reporting/over-billing for work completed



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Wants and Needs Requests

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Needs Requests



Tangible Need Request Form

Name: _____ Date: _____

Item(s) Needed: _____

Reason(s) Needed (select all that apply):


<input type="checkbox"/> Food Prep	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Seasonal Clothing	<input type="checkbox"/> Education
<input type="checkbox"/> Comfortable Sleeping	<input type="checkbox"/> Safety
<input type="checkbox"/> Transportation	

Any Specific Requirements?

Date Fulfilled: _____ Staff Initial: _____

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Wants Requests



Tangible Want Request Form

Name: _____ Date: _____

Item Wanted (one form per item): _____

Researched Value (RV) of Item: \$ _____, my price is (50% of RV): \$ _____

I plan to pay for this item using:

cash
 volunteer hours (valued at \$15/hr)

If I am paying cash, I am going to:

pay it all at once
 pay \$ _____ per week for _____ weeks

If I am using volunteer hours, I will need to donate _____ hours to pay for it.

I plan to have this item paid for by (date): _____

_____	_____	_____	_____
Amt Initial Date	Amt Initial Date	Amt Initial Date	Amt Initial Date

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Attendance/Absence Policy

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Attendance/Absence Policy: Definitions

- Excused Absence
- Leave of Absence
- Unplanned Absence
- Tardiness
- No-Show
- Sick Day
- Mental Health Day

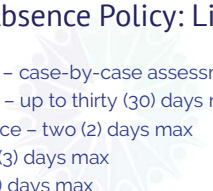


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Attendance/Absence Policy: Limits

- Excused Absence – case-by-case assessment
- Leave of Absence – up to thirty (30) days max
- Unplanned Absence – two (2) days max
- Tardiness – three (3) days max
- No-Show – two (2) days max
- Sick Day – seven (7) days per twelve (12) months
- Mental Health Day – four (4) days per twelve (12) months



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Day Off Notice Policy

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Days Off Notice Policy



Day-Off Notice Form

Name: _____ Today's Date: _____

Date(s) I Will Be Off: _____

I Am Taking This Time Off For (check all that apply):

<input type="checkbox"/> Self-Care	<input type="checkbox"/> School
<input type="checkbox"/> Dr. Appointment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Court Date	<input type="checkbox"/> Decline to Share
<input type="checkbox"/> Family	

This is a:

- One-Time Event
- Periodic Event
- Something That is Going to Start Happening More

How Can We Support You in This Time Off? _____

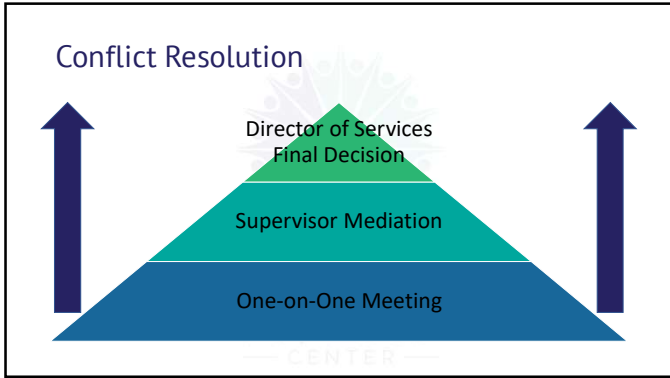
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Conflict Resolution

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Expectations Meetings

Expectations Form

Employee Name: _____
 Supervisor: _____
 Date of Meeting: _____
 Personal Expectations Meeting:
 1st Meeting: One-Write One By When
 2nd Meeting: One-Write One By When
 3rd Meeting: One-Write One By When
 Supervisor Statement: _____

Employee Response:
 I agree/disagree (circle one) with the supervisor's statement.
 Action to be Taken:
 Manager: _____ Supervisor: _____ Termination: _____ Other: _____
 Next Steps: Should I be called? Support: Agree

I have read the Expectations Form, understand its contents, acknowledge them, and the Action Plan was created with my input.
 Employee Signature: _____
 Supervisor Signature: _____

Participation Agreement

2. I will work both independently and as a team with fellow participants.
3. I can commit to working a minimum of 15 hours per week.
4. I am conducting myself in a professional manner with integrity and honesty.
5. I am focused on repairing, developing and maintaining my own mental, behavioral, social, emotional, financial, and physical health.
6. I am communicating in a healthy manner with my supervisor with regards to how best they can support me while I am at work.
7. It is up to me to access and utilize resources, social supports, etc., when I am not at work.
8. I know that conflicts and obstacles arise and I am working to overcome those in a way that benefits me long-term.
9. I will advocate for myself should I need additional supports outside the work environment.

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