

Dishonesty Policy

I, _____, understand the dishonesty policy that is in place at Care Givers of Arizona, Inc. Dishonesty is not acceptable at any point during my employment. It is important to not commit fraudulent time and data and only when I am with my client and doing the specific mandated services for my client will I be putting in information. I will not go through my client's home or any belongings in the home they reside in. It is my responsibility that the client and their family feel comfortable with me in their home. It is also my responsibility to report any neglect or abuse being done in the home or any suspicion of it as well to my supervisor. The dishonest policy also includes being honest of any sick time requested or time off for the reasons it is intended for. By signing this form, I am acknowledging that I have read and understood the policy.

Signature

Date