



*The ODLE Way:
Opportunities for Growth
Dedicated to Those We Serve
Loyalty to a High Performing Workforce
Excellence in All We Do*

NEW EMPLOYEE PACKET

Items to be collected before offer of employment:

- Initial Applicant Employment Packet
- Employment Application
- Affirmative Action Form or EEO-1 Data Sheet
- Pre-employment Background Release
- Drug Screen Release and Substance Abuse Policy

Items to be collected at the time of conditional offer:

- Official Offer Confirmation Letter
- Background Investigation Release and INFOMART Release Forms
- E-Passport for Pre-Hire Drug Screen Compliance
- Attachments/To Do List – What to Bring on First Day of Employment
- Agreement to Arbitrate

Items to be collected on employee's first day

- New Hire Orientation Packet
- Employment Eligibility Verification Form (I-9); Return with copies of ID on 1st Day of Employment
- Post Offer Protected Veterans to Self-Identify AND Voluntary Self Identification of Disability
- Federal Withholding Allowance Certification (W-4)
- State Specific Withholding Allowance Certification
- Emergency Contact Form
- Direct Deposit Authorization Form; Return with either a voided check or bank notification letter

Employee Agreements – Return signature pages ONLY

- Policies in Brief
- Conflict of Interest
- Intellectual Property/Non-Disclosure
- Release of Liability – Personal Property
- Computer, Email, Blogging and Internet Usage Agreement
- Social Media Policy Employee Agreement
- Anti-Fraternization Policy Employee Agreement
- Standards of Conduct Policy
- Harassment Policy/Romance in the Workplace
- Drug-Free Workplace Policy



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- Cell Phone Usage Agreement
- Text Messaging While Driving Agreement
- Travel Expense Policy
- Initial COBRA/Affordable Care Act Notification
- Motor Vehicle/Proof of Auto Insurance Notification
- Company Property Acknowledgement

Documents for employee to keep

- Time and Expense Reports - Employee Keeps
- Payroll Schedule - Employee Keeps
- Holiday Schedule - Employee Keeps
- New Health Insurance Marketplace Coverage - Employee Keeps
- 401K Plan Qualified Default Investment Alternative Notice - Employee Keeps

Print Name

Employee Signature

Date



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EMPLOYEE POLICY ACKNOWLEDGEMENT

Odle Management Group, LLC (ODLE) reserves the right to amend, modify or terminate these policies at any time. Policy documents state general information and guidelines about the company's confidential policies and procedures in effect on the date of publication; we will try to inform you of changes as they occur. These policies and procedures are not all-inclusive; therefore, if you have any questions concerning the applicability of a policy or practice to you, you should address your specific questions to your Center Human Resources Department.

Nothing contained in within policy documents may be construed as creating a promise of future employment or a binding contract with the Odle Management Group, LLC for any other purposes. Further, Odle Management Group, LLC is an "at will" employer and as such employment with Odle Management Group, LLC is not on a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.

I certify that I have received, read, understand and will comply with Odle Management Group, LLC's position on the policies and procedures listed below.

- Policies In Brief
- Standards Of Conduct
- Non-Disclosure & Intellectual Property Agreement
- Conflict Of Interest Policy
- Release of Liability Agreement
- Computer & Internet Usage Policy
- Social Media Policy
- Anti-Fraternization Policy
- Anti-Harassment Policy
- Workplace Romance Policy
- Cell Phone Use & Texting Policy
- Dress Code Policy
- Travel Expense Policy
- COBRA Notification

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE



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EMPLOYEE POLICY AND AGREEMENT ACKNOWLEDGEMENT

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I certify that I have received, read, understand and will comply with Odle Management Group, LLC's position on the policies and procedures listed below.

Harassment, Discrimination & Retaliation Policy



Accommodation Policy



Gift of Time



Discipline Policy



Grievance Policy



EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE



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EMPLOYEE GENERAL INFORMATION SHEET

FIRST NAME		LAST NAME		INITIAL
STREET ADDRESS				
CITY, STATE ZIP CODE				
MAIN PHONE	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALT. PHONE	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
EMAIL ADDRESS			<input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK	
DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		
SOCIAL SECURITY #		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
JOB TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL/SUB <input type="checkbox"/> STUDENT/TEMP	DEPARTMENT NAME		

EMERGENCY CONTACT INFORMATION

CONTACT NAME:		RELATIONSHIP TO EMPLOYEE:		
MAIN PHONE #	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALT. PHONE #	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	



CENTER HUMAN RESOURCES TO COMPLETE

CONTRACT		DEPARTMENT CODE		
APPROVED JOB TITLE		SUPERVISOR NAME		
FLSA STATUS <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON EXEMPT	JOB STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL/TEMP.	SALARY AMOUNT <input type="checkbox"/> HOURLY _____ OR <input type="checkbox"/> ANNUALLY _____	TAX WITHHOLDING INFO FEDERAL _____ AND _____ STATE _____	
EEO JOB CATEGORY		PROTECTED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY IDENTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIRE DATE	EEO CATEGORY & RACE <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/LATINO	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> 2 OR MORE RACES <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		



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EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone Numbers: HOME _____ CELL _____

IN CASE OF AN EMERGENCY:

PRIMARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: HOME _____ CELL _____ OFC _____

SECONDARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: HOME _____ CELL _____ OFC _____

Employee Name Employee Signature Date



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"protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

POST-OFFER INVITATION FOR PROTECTED VETERANS TO SELF-IDENTIFY Continued
I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

This company does not discriminate against applicants or employees because of race, color, religion, gender, national origin, disability, or protected veteran status, and treats all employees without discrimination in all employment decisions during their employment. This company recruits, hires, trains and promotes persons in all job titles, and ensures that all other personnel actions are administered, without regard to protected veteran status, and ensures that all employment decisions are based only on valid job requirements.

Applicant Signature



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company will investigate. The employee is expected to cooperate in the investigation. Retaliation against an employee who has been reported for a policy violation by any other co-worker or entity will not be tolerated. It is strictly the responsibility of the company to take appropriate remedial or disciplinary action up to and including termination.

Acknowledgement by Employee of Social Media Policy

1. I acknowledge that I have received, read, and fully understand Odle Management's Social Media Policy.
2. It is clear to me that the intent of the policy is to ensure company employees follow strict guidelines mandated by Odle Management and the Department of Labor (DOL) as it relates to official company, Job Corps or DOL business on the Internet such as representing yourself as an official spokesperson or using the Official company, Job Corps or DOL logos.
3. I understand that it is my responsibility to deactivate any unauthorized web pages including Facebook, Twitter, Instagram, Linked In, etc. pages and similar digital media pages immediately.
4. I agree to immediately report any violations of this policy to my supervisor, the Center or Project Director and/or Human Resources.
5. I am hereby put on notice and fully understand that my violation of this policy will result in disciplinary action, up to and including termination.
6. Further, I understand that violation of this policy may also result in civil liability or criminal prosecution by the appropriate legal authorities, and that the company will not participate in my defense.
7. I certify that information contained in this form is true and accurate.

Print Name

Employee Signature

Date



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Harassment, Discrimination, and Retaliation Policy Acknowledgement

Odle Management Group, LLC (ODLE) reserves the right to amend, modify or terminate this policy at any time. This document states general information and guidelines about the company's confidential policies and procedures in effect on the date of publication; we will inform you of changes as they occur.

Nothing contained in this document may be construed as creating a promise of future benefits or a binding contract with Odle for benefits or for any other purposes. Further, ODLE is an "at will" employer and as such employment with ODLE is not a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.

I certify that I have received, read, understand and will comply with the Harassment, Discrimination, and Retaliation Policy mentioned above.

Print Name **Employee Signature** **Date**

This form is for new hires only. It is not required for employees who are already vaccinated. It is not required for employees who are already vaccinated. You must either accept or decline the vaccine.

Hepatitis B Vaccine Form

Hepatitis B Vaccine Declination Form

The following statement of declination of the Hepatitis B Vaccine must be signed by an employee who:

- Chooses not to accept the vaccine.
- Has the appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, given free of charge to the employee.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

I am declining because I have previously received the Hepatitis B series vaccination.

- This statement is not a waiver, employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

An employer cannot require:

- Employees to waive liability in order to receive the vaccine
- Participation in pre-screening as a prerequisite for receiving the vaccine.

Hepatitis B Vaccine

If you are electing the vaccination, please mark the check box below. Your supervisor and our Health and Wellness Department will be notified of your decision.

I am electing the Hepatitis B Vaccine

Employee Signature: _____ Date: _____



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COMPANY PROPERTY ACKNOWLEDGEMENT FORM

I ACKNOWLEDGE I HAVE RECEIVED THE FOLLOWING ODLE PROPERTY. I PROMISE TO RETURN SAID PROPERTY IN GOOD CONDITION PRIOR TO LEAVING THE COMPANY. I MAY BE ASKED PERIODICALLY TO PERFORM AN INVENTORY OF ALL ODLE PROPERTY RECEIVED BY ME AND AUTHORIZED FOR BUSINESS USE.

I FURTHER ACKNOWLEDGE THAT IF, AT ANY TIME, I AM UNABLE TO PRODUCE THIS PROPERTY FOR AN INVENTORY OR TO RETURN THE PROPERTY DUE TO UNREPORTED LOSS*, I UNDERSTAND THAT AN APPROPRIATE REPLACEMENT FEE MAY BE ASSESSED AND DEDUCTED FROM FUTURE PAYCHECKS. IN ADDITION, UPON SEPARATION FROM THE COMPANY AND FOLLOWING AN IMMEDIATE INVENTORY OF SAID PROPERTY, UNDOCUMENTED LOSS OF ODLE PROPERTY MAY ALSO RESULT IN AN APPROPRIATE FEE ASSESSED AND DEDUCTED FROM MY FINAL PAYCHECK.

**LOST, STOLEN, OR DAMAGED EQUIPMENT MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR, CENTER DIRECTOR, IF APPLICABLE AND ODLE CORPORATE.*

COMPANY PROPERTY	SERIAL NUMBER	ACQUISITION VALUE	DATE RECEIVED	DATE RETURNED
Keys				
Access Card				

 Supervisor: _____ Date: _____

 Center HR Manager: _____ Date: _____

**NOTE: In addition to Clare Peterson, Corporate VP of Finance and Administration, a copy of subsequent Police Report concerning the lost or stolen company property must be forwarded immediately upon receipt to the Corporate HR Director, Corporate VP of Human Resources, and Lisa Odle, President/CEO, as applicable.*



PITTSBURGH JOB CORPS CENTER

7175 Highland Drive
Pittsburgh, PA 15206
412-441-8700 (phone)
412-441-1586 (fax)

Welcome to Pittsburgh Job Corps Center (PJCC)! As you will recall you received New Health Marketplace Coverage and COBRA Information in your new hire packet.

Please take time to read this information carefully as these elections are binding and subject to rules and regulations.

Odle benefit eligibility is effective on the first day of the month following 30 days of employment. Odle allows employees 30 days from the date of hire to enroll in benefit coverage, however we strongly encourage you to complete benefit enrollment in ADP as soon as possible. Enrollment instructions are included in the benefit folder you are receiving today.

- Please remember if you do not elect benefits prior to that point in time, you will need to wait until Odle's next Benefit Open Enrollment period.
- Even if you do not want to elect benefit coverage, you must still go through the benefit submission process so that you can identify/register beneficiary information for the life insurance policy you receive at no cost from Odle.

By my signature below, I acknowledge that I have received a copy of the New Health Insurance Marketplace Coverage Options and Odle Management benefit plan enrollment information.

Signature

Employee Signature

Date

I have received the annual training on the Bloodborne Pathogen Standard and the Pittsburgh Job Corps Center Exposure Control Plan.

I have been informed of the following:

- Location of the document called "Bloodborne Pathogen Standard" and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases including hepatitis B and HIV.
- An explanation of modes of transmission of bloodborne pathogens.
- An explanation of the exposure control plan and the means by which the employee can obtain a copy.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Information of the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the Center is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or coding required by paragraph 1910.1030 (g) (1).

Signature

Date

Signature

Date