

MARITONA HEALTH SERVICES

ACKNOWLEDGMENT OF RECEIPT OF JOB DESCRIPTION(S)

Employee Name: _____

I acknowledge that I have been informed and I have received written information on the appropriate job description(s) as checked below:

Please check **all** applicable job titles/job positions:

- Administrator
- Alternate Administrator
- Chief Executive Officer (CEO)
- Chief Financial Officer (CFO)
- Director of Nursing
- Alternate Director of Nursing
- Director of (QAPI) - Quality Assurance/Performance Improvement program
- RN Supervisor/Field RN
- Licensed Vocational Nurse (LVN)
- Home Health Aide
- PAS Supervisor
- Business Office manager
- Secretary
- Personal Care Attendant/Provider (PAS)

Other _____

Other _____

I have received the job description(s) for the position (s) I applied for, as checked above.

I have been given the opportunity to ask questions and receive clarifications on the requirements of this/these job duties, responsibilities and requirements.

I understand the job duties and responsibilities for the position(s) I have accepted above.

I have read, understand and agree to abide by the stipulations of the job responsibilities detailed in the job descriptions and I also agree to abide all applicable Agency policies and procedures.

Signature of Employee

Date

Signature of Authorized agency representative

Date