



**DEDICATED CARE  
HEALTH SERVICES**

.....  
OPTIMIZING RECOVERY THROUGH  
CONSUMER-CENTERED QUALITY CARE  
.....

**DEPAUL PROFESSIONAL BUILDING  
1160 VARNUM STREET NE, WASHINGTON, DC 20017**

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Email: [info@dedicatedcaresupports.com](mailto:info@dedicatedcaresupports.com)

[WWW.DEDICATEDCARESUPPORTS.COM](http://WWW.DEDICATEDCARESUPPORTS.COM)

# EMPLOYEE ACKNOWLEDGMENT FORM



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## EMPLOYEE ACKNOWLEDGMENT FORM

The Bill of Rights and Responsibilities described in detail the workplace values which every Dedicated Care Health Services' employee should learn, understand and utilize when working for Dedicated Care Health Services. The Corporate Personnel Policy Manual describes important information about your association with Dedicated Care Health Services.

You may consult your Division Director, a supervisor, or a staff of Human Resources Department regarding any questions or suggestions you may have.

I acknowledge that I have received a copy of the Corporate Policies, including the Employee Bill of Rights and Responsibilities.

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee's Name (Print neatly) \_\_\_\_\_ Division Name \_\_\_\_\_

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Employee's Social Security Number \_\_\_\_\_ Division Number \_\_\_\_\_

**Attention Division Director:**  
**This form should be completed by the employee after he/she has received the Corporate Policies and the Employee Bill of Rights and Responsibilities, and sent to the Human Resources Department to be placed in the employee personnel file.**