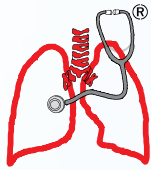





DOCUMENTS TO SIGN



PIMA LUNG & SLEEP

Pulmonary Medicine • Critical Care Medicine • Sleep Disorders Medicine



TUCSON OFFICE:: 5310 N. La Cholla Blvd. • Tucson, Arizona 85741
GREEN VALLEY OFFICE: : 514 E. Whitehouse Canyon Rd., Suite 150 • Green Valley, Arizona 85614

(520) 229-8878 • Fax (520) 229-9107 • www.pimalung.com



EMPLOYEE ACKNOWLEDGMENT FORM

I understand and acknowledge as follows:

(1) This Pima Lung & Sleep (the "Company") Welcome Book describes important information about the Company. I should consult Dr. Sarah Puri if I have any questions regarding my employment or this Welcome Book;

(2) I became an employee at the Company voluntarily. There is no specified length to my employment at the Company and my employment is "at will." "At will" means that I may terminate my employment at any time, with or without cause or advance notice. "At will" also means that the Company may terminate my employment at any time, with or without cause or advance notice, as long as it does not violate federal or state laws in doing so. The only way my "at will" employment status can be altered is through a written agreement executed by both me and the CEO of the Company, Dr. Sarah Puri, who has the sole authority to alter this "at will" arrangement;

(3) There may be changes to the policies, information and benefits contained in the Welcome Book. The Company may add new policies to the Welcome Book as well as replace, change, or cancel existing policies. Welcome Book changes can only be authorized by the CEO of the Company;

(4) This Welcome Book is not a contract of employment. I have received the August 2014 version of the Welcome Book, had an opportunity to review it and ask questions, and I consent to and will comply with the contents of the Welcome Book;

(5) The Company has posted at a conspicuous location in the workplace various employment-related legal notices, including (but not limited to) a notification of rights under Arizona's Workers Compensation laws. The Company has available (and has made available to me) blank forms by which I may reject Workers' Compensation coverage should I so choose;

(6) **I shall provide accurate and complete time sheets and billing data to the Company. In submitting time sheets and/or billing data to the Company I am certifying that the time sheets/billing data are accurate and complete, and that I have not worked/billed hours different or beyond those submitted on my timesheets or as listed in my billing data;** and

(7) I give the Company the right to deduct from my final paycheck any amounts I may owe to the Company, including (but not limited to): the fair market value of any Company property not returned at the end of my employment; any amounts I may owe for used but unaccrued PTO time; and any other deductions according to the policies stated in this Welcome Book.

Employee's Name (printed)

Employee's Signature



NOTICE OF VIDEOTAPE SURVEILLANCE, MONITORING AND RECORDING

Pima Lung & Sleep has continuous 24-hour video and audio surveillance throughout the facility (inside and outside) in an effort to improve the safety of its patients, employees and medical equipment. Although the video and audio surveillance is not monitored continuously, it is recorded and may be reviewed by qualified staff members from time-to-time for performance reviews or in the case of a security breach by patients, employees or third parties. The surveillance is located throughout the facility (inside and outside) and is also present in sleep study rooms (please note there is no surveillance in facility restrooms or patient examination rooms).

I have read and understand the above.

Employee's Name (printed)

Employee's Signature



VEHICLE REGISTRATION FORM

ALL PERSONAL VEHICLES MUST BE REGISTERED.

Employee Name: _____ Position: _____

FOB #: _____ Email: _____

☐ Tucson Office or ☐ Green Valley Office

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Relation: _____

Phone Number of Emergency Contact: _____

Vehicle Number 1

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 2

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 3

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 4

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____



NEW HIRE INFORMATION SHEET

Employee Information

(Last Name) (First Name) (M.I.) ____/____/____
(Social Security #) (Date of Birth)

(Phone Number) (Email address)

(Street Address) (City) (State) (Zip Code)

Date of Hire: ____/____/____ Rate of Pay: _____ Job Description: _____

Tax Withholding Information:

FEDERAL:

- ☐ Married
☐ Single
☐ Married but w/holding at higher single rate – (Head of Household) (# of allowances or Exempt)

STATE-ARIZONA:

- ☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1% ☐ Exempt

(CHOOSE ONLY ONE)

DEDUCTIONS:

_____ Type	_____ Amount	_____ Frequency	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax
_____ Type	_____ Amount	_____ Frequency	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax
_____ Type	_____ Amount	_____ Frequency	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax

Company Representative - Printed Name

Signature



CONSENT TO DEDUCTIONS

I, _____, hereby authorize my employer, Pima Lung & Sleep, PC, to deduct from my paychecks amounts owed to my employer for items including, but not limited to, personal long distance telephone calls, personal expenses, unusable scrubs and/or other such unauthorized actions. This consent supersedes and revokes any prior Consent to Deductions signed by me.

IN WITNESS WHEREOF, I have signed this Consent to Deductions this _____ day of _____ 20____.

Signed _____

Item	Date Given	Date Returned
Office Electronic Key		
ID Badge		
Other: _____		

Electronic Key Number:

-