

EMPLOYEE RECEIPT AND ACKNOWLEDGEMENT FOR
YCS CELLULAR PHONE POLICY
APPLICABLE TO ALL STAFF OTHER
THAN THOSE CLASSIFIED AS ADMINISTRATION

I, _____, have received, read and understand Youth Consultation Service's Cellular Phone Policy as set forth in Section 1.18 of the YCS All Staff other than those classified as Administration Policy Manual.

Employee's Signature

YCS Management Witness Signature

Print Employee's Name

Print name of YCS Management Witness

Date

EMPLOYEE RECEIPT AND ACKNOWLEDGEMENT FOR
YCS DRUG AND ALCOHOL ABUSE POLICY
APPLICABLE TO ALL STAFF OTHER THAN THOSE
CLASSIFIED AS ADMINISTRATION

My signature below certifies that I have read and understand YCS's Drug and Alcohol Abuse Policy as set forth in Section 1.11 of the YCS All Staff other than those classified as Administration Policy Manual ("Manual").

I hereby agree to abide by the terms and conditions of the policy.

I agree that it is my responsibility to assist YCS in maintaining a workplace free from drug and alcohol use and will cooperate with YCS to the best of my ability.

I understand that any failure on my part to comply with the terms and conditions of this policy will subject me to disciplinary action, up to and including termination of my employment.

I understand that YCS reserves the right to implement random drug testing in its sole discretion as to appropriate employee classifications, the terms and conditions of which will be set forth in written procedures provided to employees.

I further understand and agree that this revised version of the "Manual" supersedes all prior versions that have been issued by YCS and other YCS policies, procedures and all practices and it will be effective on October 9, 2009.

Employee's Signature

YCS Management Witness Signature

Print Employee's Name

Print name of YCS Management Witness

Date

EMPLOYEE RECEIPT AND ACKNOWLEDGEMENT FOR
YCS ALL STAFF OTHER THAN THOSE CLASSIFIED
AS ADMINISTRATION

My signature below certifies that I have read and understand all of the provisions of the YCS All Staff other than those classified as Administration Policy Manual ("Manual").

I acknowledge and agree that during the period of time that I am considered an introductory employee that I am employed at-will, which means that either I or YCS can terminate my employment at any time, with or without cause, and with or without notice.

I further acknowledge and agree that no manager or representative of YCS other than the President/CEO or Executive Vice President/COO has any authority to enter into any agreement setting compensation and/or guaranteeing employment for any specified period of time. I also acknowledge and agree that any such agreement, if made, shall not be enforceable unless it is in writing and signed by both me and the President/CEO or Executive Vice President/COO.

I further acknowledge and agree that in consideration for being subject to discipline and/or termination for just cause only, I am obligated to grieve all disputes or claims concerning my employment, or the termination of my employment, with YCS, by using the YCS Grievance Procedure. In addition, I acknowledge and agree that I must timely complete all levels of the YCS Grievance Procedure up to and including binding arbitration before I attempt to institute any action in court or with an administrative agency.

I further understand and agree that this revised version of the "Manual" supersedes all prior versions that have been issued by YCS and other YCS policies, procedures, and practices and it will be effective on October 9, 2009.

Employee's Signature

YCS Management Witness Signature

Print Employee's Name

Print name of YCS Management Witness

Date

EMPLOYEE RECEIPT AND ACKNOWLEDGEMENT FOR
YCS'S WORKERS' COMPENSATION AND RETURN TO WORK POLICY
APPLICABLE TO ALL STAFF OTHER THAN THOSE
CLASSIFIED AS ADMINISTRATION

My signature below certifies that I have read and understand the YCS Workers' Compensation and Return to Work Policy as set forth in Section 3.09 of the All Staff other than those classified as Administration Policy Manual and acknowledge and understand that YCS requires that if I am injured in a work-related accident, I MUST treat with one of the medical providers listed on the YCS list of providers from the date of the first visit and throughout the injury period.

I also hereby agree to abide by the terms and conditions of each policy.

I understand that any failure on my part to comply with the terms and conditions of both policies will subject me to disciplinary action, up to and including termination of my employment.

Employee's Signature

YCS Management Witness Signature

Print Employee's Name

Print name for YCS Management Witness

Date

EMPLOYEE RECEIPT AND ACKNOWLEDGEMENT FOR
YCS MANDATORY GRIEVANCE PROCEDURE
APPLICABLE TO ALL STAFF OTHER THAN THOSE
CLASSIFIED AS ADMINISTRATION

My signature below certifies that I have read and understand the YCS Mandatory Grievance Procedure as set forth in Section 6.02 of the YCS All Staff other than those classified as Administration Policy Manual (“Manual”).

I hereby acknowledge that, in consideration for being subject to discipline and/or termination for just cause only, I am obligated to grieve all disputes or claims concerning my employment, or the termination of my employment, by using YCS’s Mandatory Grievance Procedure.

In addition, I understand that I must timely complete all levels of YCS’s Mandatory Grievance Procedure up to and including binding arbitration before I attempt to institute any action in court or with an administrative agency.

I specifically understand that I am obligated to follow mandatory formal grievance procedures that have been established for the resolution of all claims, actions, disputes and controversies arising out of my employment with YCS, or the termination of my employment from YCS. Such claims, actions, disputes, and controversies include, but are not limited to, claims arising under the New Jersey Law Against Discrimination, the New Jersey Conscientious Employee Protection Act, Title VII of the Civil Rights Act § 1964, as amended, the Age of Discrimination in Employment Act, the Americans with Disabilities Act § 1983, as amended, the Federal and State Wage and Hours laws, the Federal Family and Medical Leave Act of 1993, the New Jersey Family Leave Act, COBRA, ERISA, and any other claims of any nature arising under state or federal laws.

I further understand and agree that this revised version of the “Manual” supersedes all prior versions that have been issued by YCS and other YCS policies, procedures, and practices and it will be effective on October 9, 2009

Employee's Signature

YCS Management Witness Signature

Print Employee's Name

Print name of YCS Management Witness

Date