

# Novant Health

## Alternative Orientation Roster

Sign below to signify that you have completed the Novant Health Alternative Orientation self-study online course and acknowledge that you are responsible for its content. Please select box for the course version you completed:

- Alternative New Hire Orientation—Contact with blood, body fluids, or patients
- Alternative New Hire Orientation—NO Contact with blood, body fluids, or patients

### Corporate Compliance Initiative

Sign below to signify that you have completed Alternative Orientation that contains the purpose, scope, and importance of the Novant Health Compliance Plan. You are pledging to adhere to the Code of Ethics and the Compliance Plan. You know that failure to comply with the Compliance Program may lead to disciplinary actions.

### First Do No Harm Education

Sign below to signify that you will go online and complete the “First Do No Harm” training (**Z01008 FDNH: ALT Part 2 CBL**) in our learning management system (I-Learn). If any questions arise, you will talk with your leader about implementing the behaviors to decrease errors. You understand that the training must be completed within 30 days of your start date.

### Bloodborne Pathogen/Infection Prevention

Sign below to signify that you will ask your manager and/or the Infection Prevention department any questions you have related to the information contained in this material and you will follow all guidelines to reduce infections and prevent the spread of bloodborne pathogens.

Electronic Signature		
Please type your First and Last Name _____		Date _____
<input type="checkbox"/> I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.		
Dept/Facility _____	Job Role or Title _____	Employee # (six digit # on back of ID badge) _____

## ABOUT THIS HANDBOOK

**AT THE BEGINNING OF EMPLOYMENT, EVERY EMPLOYEE RECEIVES A COPY OF THE NOVANT HEALTH EMPLOYMENT HANDBOOK AND SIGNS THE HANDBOOK RECEIPT. THE EMPLOYEE HANDBOOK IS FOR INFORMATION ONLY AND IS NOT A CONTRACT OF EMPLOYMENT.**

THIS HANDBOOK IS INTENDED TO SUMMARIZE SELECTED POLICIES, PROCEDURES AND BENEFITS OF NOVANT HEALTH, INC. PRACTICES MAY VARY FROM LOCATION TO LOCATION.

NOVANT HEALTH MAY AND DOES CHANGE, INCREASE, DECREASE OR ELIMINATE POLICIES, PROCEDURES AND BENEFITS FROM TIME TO TIME, WITH OR WITHOUT NOTICE. THEREFORE, THIS HANDBOOK SHOULD NOT BE RELIED UPON AS FINAL AUTHORITY FOR MATTERS THAT ARE DETAILED IN LEGAL PLAN DOCUMENTS OR POLICY MANUALS.

THIS HANDBOOK DOES NOT AND IS NOT INTENDED TO ADDRESS EVERY POSSIBLE EMPLOYMENT SITUATION. **NOVANT HEALTH RESERVES THE RIGHT TO TAKE ACTION OR MAKE DECISIONS WHICH IS CONSISTENT WITH THE PROVISIONS OF THIS HANDBOOK TO ADDRESS SITUATION ON CASE BY CASE BASES, NOVANT HEALTH'S SOLE DISCRETION.**

RECEIPT OF THIS HANDBOOK DOES NOT IN ANYWAY CONSTITUTE A CONTRACT OF EMPLOYMENT OR GUARANTEE ANY PARTICULAR TERM, CONDITION OR LENGTH OF EMPLOYMENT. EMPLOYMENT AT NOVANT HEALTH IS "AT WILL". **THIS MEANS YOU MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, FOR ANY REASON OR FOR NO REASON AT ALL. NOVANT HEALTH RESERVES THE RIGHT TO TERMINATE YOUR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, FOR ANY REASON OR FOR NO REASON AT ALL.** NO CONTRARY STATEMENT BY ANY NOVANT HEALTH EMPLOYEE OR LEADER SHALL HAVE ANY FORCE OR EFFECT, UNLESS IT IS IN WRITING, STATES THAT IT IS A "CONTRACT OF EMPLOYMENT" AND IS SIGNED BY AN AUTHORIZED COMPANY OFFICIAL. IF YOU HAVE AN EMPLOYMENT CONTRACT, THAT CONTRACT TAKES PRECEDENCE OVER THIS EMPLOYMENT HANDBOOK.

THIS HANDBOOK SUPERCEDES AND REPLACES ALL OTHER HANDBOOKS OR SIMILAR MATERIALS WHICH HAVE BEEN PUBLISHED OR DISTRIBUTED. ALL PRIOR HANDBOOKS ARE HEREBY REVOKED AND DECLARED NULL AND VOID.

AN UP-TO-DATE HANDBOOK CAN BE FOUND ON THE NOVANT HEALTH INTRANET BY CLICKING ON EMPLOYEE BENEFITS AND SERVICES, EMPLOYMENT HANDBOOK. YOU ALSO MAY ACCESS THE MOST UPDATED HUMAN RESOURCE POLICIES ON THE INTRANET IN NOVANT DOCUMENT MANAGER.

IN ADDITION TO THE POLICIES AND PROCEDURES IN THIS HANDBOOK, ADDITIONAL WORK RULES FOR OUR SPECIFIC JOB HAVE BEEN ESTABLISHED. YOUR LEADER WILL EXPLAIN THESE TO YOU WHEN YOU ARE INTRODUCED TO YOUR NEW JOB ASSIGNMENT.

**I ACKNOWLEDGE RECEIPT OF THE NOVANT HEALTH EMPLOYEE HANDBOOK AND UNDERSTAND IT IS EFFECTIVE NOVEMBER 2019. I WILL READ THE HANDBOOK CAREFULLY—PARTICULARLY THE ABOVE DEFINITION OF AT-WILL EMPLOYMENT. I UNDERSTAND THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT, AND I ACKNOWLEDGE THAT MY EMPLOYMENT IS "AT-WILL" AS DEFINED ABOVE.**

### Electronic Signature

Please type your First and Last Name \_\_\_\_\_

\_\_\_\_\_ Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.