

FW-705 SAFE HARBOR WORK RELATED INJURY AGREEMENT

Welcome to Reliable! This is your chance to earn money so that you can pay for your program and save money for when you graduate the program. The Reliable Program has Policies and Procedures that everyone must follow to make this program successful. One of those Policies is our Work-Related Injury Policy.

I understand and agree to the following Policy and Procedures of the Work-Related Injury Policy:

1. I understand and agree that while on a work assignment at Safe Harbor, the possibility of an injury does exist.
2. I understand that Safe Harbor does everything in their power to lower the chances of me getting an injury while on my work assignment.
3. I agree that I will attend all Safety Meetings that are offered to me while I'm employed at Safe Harbor
4. I agree to observe and follow all safety procedures at any assigned Company that Safe Harbor sends me to.
5. I agree to work in a manner that is safe for me as well as safe for my co-workers that are around me.
6. I agree that I will wear all PPE (safety Equipment) that is required at any of Safe Harbor's Corporate Partners.
7. **I fully understand that If I am injured while on the job, I will report the injury to my supervisor as well as the Reliable Coordinator in my City within 24 Hours of the time of injury. I understand that if I fail to report this injury in 24 hours that I WILL Be written up.**
8. I understand and agree that If I am injured and require medical treatment that I will follow all instructions from medical provider.
9. I agree that while in the care of medical treatment, I will accept any form of Modified Duty that is in the guidelines of the Medical Provider and will do it to the best of my ability.
10. I agree and understand that I must take a Drug and Alcohol Screen anytime I get injured as well as a post injury screen within the next 14 days. I understand that any positive drug screen may affect my Workers Compensation Benefits.
11. . I agree that I will turn in all paperwork from the Medical Provider to my Reliable Coordinator as soon as I get back from my visits to the Medical Provider so they can make copies for my file.
12. I agree and understand that the Medical Providers understand that I am part of the Safe Harbor Program and that if a pain medication is required that it must be a non-narcotic prescription. I understand and agree to notify them as well upon my arrival that I am enrolled in the Safe Harbor Program.

Signatures

*** I understand and agree to all the terms and conditions of the Work-Related Injury Policy of Safe Harbor.**

EMPLOYEE SIGNATURE

DATE

RELIABLE SIGNATURE

DATE