

## **New Employee Agreement**

Life without limits for people with disabilities\*

I agree that if I have any contact or personal information that changes I will inform UCP immediately.

I agree to only submittime sheets within the hours authorized. Without, excess hours claimed above the authorization may be rejected for payment.

I acknowledge that any hours worked prior to my start date will not be authorized and therefore unpaid.

I agree to submit my timesheets according to the UCP Payroll Schedule. I understand that turning in timesheets outside the current pay period will result in delayed payment per UCP procedure.

I acknowledge that dates of service older than 60 days will not be paid.

I acknowledge that I received my Employee Handbook & Training Guide, and I read and understand the information that has been provided to me.

By signing below, I agree the information on this form is accurate and I have submitted all supporting documentation.

<mark>Signature</mark>	Date