

TB TEST REIMBURSEMENT AGREEMENT

I _____, caregiver with _____ . I agree to go to my local health department to complete my TB test screening and pay for the screening to be completed. I must turn in a copy of my TB test to my local office either in Richmond or New Castle with a receipt copy showing proof of payment of test. To qualify to be reimbursed. This reimbursement will be deposited on your next available direct deposit paycheck.

I _____, am a new hire with _____ . I agree to go to my local health department to complete my 2 step TB test screening and pay for the screening to be completed. That I must turn in a copy of my 2 step TB test to my local office either in Richmond or New Castle with a receipt copy showing proof of payment of test. To qualify to be reimbursed. This reimbursement will be deposited on your next available paycheck after your 90-day probationary period. If you do not stay with the agency for 90 days. Then _____ . will not be responsible for the reimbursement of your 2 step TB test screening being completed.

By signing this form, you agree to the terms of completing these steps. If you fail to provide proof of payment for the TB test screenings. Then you acknowledge that _____ . may not be responsible or liable for reimbursing you for these tests being completed.

Employee Signature:

Date:

HR Representative:

Date: