

New Hire Paper Work

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Club Reduce

PHOTO/VIDEO RELEASE FORM

The undersigned, as a participant in the above-described event ("Event"), hereby grants permission for images or recordings (including audio) of me, photo and digital camera, to be used by Club Reduce, solely for the purposes of promotional material and publications, and waives any rights of compensation or ownership thereto.

Name (please print): _____

Signature: _____

Date: _____

Club Reduce

Cell Phone Policy

Employees at Club Reduce are not allowed to use their cell phones to make or receive any personal phone calls during business hours.

In cases of emergency employees may receive personal calls on the office phone.

If an employee must use their cell phone for personal reasons, they are required to clock out of work to do so.

Absolutely no personal calls should ever be made in the Clinic or in front of any patients.

Violations of this policy could result in employee termination.

I have read the Cell Phone Policy and understand it completely. I agree to comply with this policy to the best of my ability.

Employee Name

Employee Signature

Date

Club Reduce

Lunch Policy

Employees at Club Reduce are required to take a minimum of one (1) 15 minute unpaid lunch break during the day.

If an employee does not clock out for the minimum required break, 30 minutes will automatically be deducted from your working time for that day.

Non-compliance may result in a maximum of 2 hours and 30 minutes deducted from your hours on a weekly basis.

Continued violations of this policy may result in reprimand and managerial action.

Employee Name

Employee Signature

Date

Club Reduce

Employee SMT Policy

As we seek to help people improve their health and their lives, it is important that each of us take time to care for ourselves and improve our own health and lives. Self-Mastery Technology (SMT) is a wonderful therapy offered at Light House and in Club Reduce. It can help improve your life in countless areas and ways.

We would like to encourage all of you to take advantage of this great technology by doing one SMT session each day. It is so important to have all of our employees doing this that Dr. Singleton and Nancy have agreed to let each employee do SMT daily while on the clock and being paid.

All Employee SMT sessions must comply with the following policy:

1. Each employee is allowed (1) 20-minute SMT session per day that they work 6 hours or more.
2. This SMT session can be done on the clock, but the following must happen:
 - a. Employee can only do a session if there is someone to cover their current duties
 - b. Employee must notify supervisor and receive permission
 - c. Employee must complete the SMT log for each session
 - d. You cannot exceed our regular weekly hours or go into overtime.
3. Employee may come early or stay later to complete their 20 minute session.
4. If you miss a day of SMT for any reason, the opportunity does not roll forward to following days.

Anyone who abuses this privilege by taking more than the allotted time for SMT, or by using SMT time for anything other than SMT, may have their privileges revoked. This may also result in privileges being revoked for the entire staff.

Further, Lighthouse reserves the right to add time back into an employee's time card if it is shown that they have used "SMT Time" for something other than SMT.

I have read and agree to comply with the above policy.

Employee Name (PRINTED)

Employee Signature

Date

Club Reduce

Free Employee Weight Loss Program

Employee Name: _____ Program: _____

Program Start Date: _____ Hire Date: _____

Checklist

ITEM	DATE COMPLETED	EMPLOYEE	STAFF
Weight Loss Seminar			
Health Evaluation			
Notify Manager of Start Date			
Initial TANITA			
Wellness Coach			
Wellness Coach			
Report Final TANITA			

RESULTS

	INITIAL	FINAL
DATE		
WEIGHT		
BMI		
BODY FAT %		

TOTAL WEIGHT LOST: _____ TOTAL FAT % LOST: _____

I acknowledge that I have successfully completed this program and complied with all of the policy-stated requirements.

EMPLOYEE SIGNATURE

DATE

Club Reduce

Free Employee Weight Loss Program

As an employee of Lighthouse Health & Body Makeover it is critical that you become familiar with all of the programs we offer to our patients. To help aide you, Lighthouse will provide you with one free 20-Day Rejuvenation Program (\$806 Value).

However, in order to receive this free program, you must do the following:

- 1) Attend one of our Breakthrough Weight Loss Seminars
- 2) Have a one-on-one Health Evaluation with our Patient Care Coordinator
- 3) Notify the Business Manager of your program start date
- 4) Complete a Body Composition Assessment on our TANITA Machine before starting the program.
- 5) Comply with all program dietary requirements supplement recommendations for the entire length of the program
- 6) Meet with your Wellness Coach at least two times during the program
- 7) Record your TANITA results at each of those meetings
- 8) Report your TANITA results at the end of your program

If you begin a program under these terms and do not comply with the above agreement, or if you fail to complete the program, you will be responsible to cover the full cost of the program supplements (\$138). This amount will be deducted from your next pay check.

I understand the terms of receiving a free 20-Day Rejuvenation Program from Lighthouse Health & Body Wellness, and I agree to comply with the terms and complete the program according to schedule.

Employee Name

Date

Employee Signature

Club Reduce

Non-Compete Agreement

All literature, information, dietary supplements, and dietary protocols contained within Club Reduce's programs is proprietary information belonging to Club Reduce. This agreement exists between the undersigned parties.

It is hereby agreed that any and all information, whether written or verbal, any and all program, dietary and supplement protocols, and any other communications, is considered proprietary and will not be used in any form or shared with any other persons or entities, whether for compensation or not, without the expressed written consent of Club Reduce.

It is further agreed that proprietorship of said information extends to any and all usage in any and all weight loss centers, clinics, or other related or unrelated businesses, by the undersigned party or (his/her) associates in the United States. It is further agreed that neither the undersigned nor their associates nor designees will engage in any weight loss, dietary, health, lifestyle, or wellness business, or any other business, using any or all of the aforementioned proprietary information for any reason not contained in a written contract between said party and Club Reduce.

Employee Name

Employee Signature

Date

Club Reduce

Date

Club Reduce

Over Time Policy

Employees at Club Reduce are not allowed to work any overtime hours, except where absolutely necessary, and only with the pre-approval of the Office Manager.

Time cards will be reviewed each week, and any employees with unauthorized overtime will be given a written or verbal warning.

Multiple violations of the over-time policy could result in employee termination.

I have read the Over Time Policy and understand it completely. I agree to comply with this policy to the best of my ability.

Employee Name

Employee Signature

Date

Club Reduce

Time Off Policy

As an employee at Club Reduce you have committed to a pre-assigned schedule. Because we have such a small staff, it is difficult to give time off to anyone. In order to take time off of work, you must do the following:

1. Find someone to cover your shift
2. Complete the "Request Time Off" form and give it to the Office Manager.

The Office Manager must approve the form in order for you to receive time-off.

I have read the Time Off Policy and understand it completely. I agree to comply with this policy to the best of my ability.

Employee Name

Employee Signature

Date

Club Reduce

Wage Privacy Policy

Employees at Club Reduce are not allowed to discuss wages or pay of any type with any other employee.

All questions or concerns regarding pay should be directed to Nancy.
Violations of this policy could result in employee termination.

I have read the Wage Privacy Policy and understand it completely. I agree to comply with this policy to the best of my ability.

Employee Name

Date

Employee Signature