



1734 ELTON ROAD STE 114  
SILVER SPRING, MD 20903

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I \_\_\_\_\_ do hereby acknowledge that VTM Services, LLC has informed me about zero tolerance policy to fraudulent activities. I hereby agree not to engage in any fraudulent activities with the client or any other party. The following actions including but not limited to:

- i. Having my timesheets pre-signed before working
- ii. Using false documentation
- iii. Having a friend representing my person in a client's home
- iv. Submitting timesheets for time not worked is fraudulent and will be reported to the relevant authorities.

I also acknowledge that VTM Services is obligated by law to report any fraudulent activities to the Board of Nursing and relevant authorities, the outcome of an investigation could lead to cancellation of my Home Health Aide, CNA or GNA License.

I acknowledge that committing a fraudulent act is immediate grounds for termination of my employment with VTM Services and its affiliates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VTM HR Manager

\_\_\_\_\_  
Date