



Acknowledgement of RCD Device Return

RCD Device Agreement

Employee Name:

Date Issued:

Device Number:

I, _____, acknowledge and agree to adhere to the guidelines outlined by Headway Gippsland regarding the return of the Residual Current Device I have been issued.

This device is essential for monitoring and managing workflow effectively, and I agree to the following terms:

1. Ceasing Employment: If my employment ceases with Headway I will return my assigned RCD along with other Headway property to my manager.
2. Loss of Device: I will inform my supervisor immediately if I misplace or lose my RCD device. I understand a \$35 fee may be deducted from my pay check to cover the replacement cost.
3. Failure to return: If I fail to return my RCD device after my last shift, I agree to have a \$35 fee deducted from my pay check to cover the replacement cost.

I understand that compliance with these guidelines is crucial for smooth operations forms part of my employment contract with Headway Gippsland. I acknowledge that I have read and understood the above terms and agree to abide by them.

Employee Signature:

Date:

Manager's Name:

Manager's Signature: