



## COTTAGE HOME CARE SERVICES

25 Newbridge Road, Ste #302, Hicksville, NY 11801  
Tel:516.367.2266 \* Fax:516.367.1067

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### Employee Statement Form Regarding Schedule Conflicts

I, \_\_\_\_\_, acknowledge and declare that I am currently employed by Cottage Home Care Services. I affirm that I do not work for any other home care agency at the time that is responsible for causing conflicts, and have no existing contractual or employment obligations with any other agency (\_\_\_\_\_) for the time I use to Clock in/out or send the Time sheet to cottage.

I further confirm that any claims made by another agency stating that I am working under their employment are false and made without my knowledge or consent. I understand that my identity and personal information may have been used without my authorization by another agency for fraudulent purposes.

By signing this consent form, I:

1. Authorize Cottage Home Care Services to investigate any potential misuse of my identity.
2. Declare my sole employment with Cottage Home Care Services and confirm that I have not given permission to any other agency to use my credentials.
3. Acknowledge that any external agency using my details without my consent is engaging in fraudulent activity.
4. Agree to notify Cottage Home Care Services immediately if I become aware of any unauthorized use of my identity.

I understand that this declaration is legally binding, and any false statements may result in consequences under applicable laws.

Employee Name: \_\_\_\_\_

Last Four Social: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Office Use Only

Reviewed By: \_\_\_\_\_

Date of Review: \_\_\_\_\_