



BHS Newsletter

July / August
2014

Message from the President

By: Kathy Stevens, RN, MS, COHN-S, CSP

As our company continues to grow and we add new faces to the BHS family, I have been asked how and why did Business Health Solutions start? It has taken me quite a while to formulate the answer and thought it might be something of interest to all of you. Many of you have known me prior to Business Health Solutions, others I'm that voice on the other end of the phone or the writer on the end of the email that you really don't know that much about. The majority of my professional life has been in the occupational health and safety arena. My comfort level is in the manufacturing world and not the typical medical environment of the hospital. Business Health Solutions was started in October of 2006 when I felt I had made all the improvements to the programs I had responsibility for that I could do.

The mentors that have been with me my entire occupational health and safety career told me to "start your own - you are ready - that is where you will strive and be the happiest". Like any huge step in life you can't dwell on it - you just have to step out there and be prepared to face the consequences.

Luckily, ours as a company have been positive. Why is that? My mentors taught me to surround myself with people who were as talented and preferably more skilled in my areas of weakness for me as a leader and for the company to succeed. And that's how it all started - a pioneer group of nurses willing to step out and be part of the journey. A successful company is built by teams of the right people - not one person.

Our first employee, Ric Smith, an occupational health nurse in Kansas City, Kansas took a chance as employee #1 with a start-up to help secure the first contract with Carrier Corporation for the Sales & Service team across the United States. It's been a year now that Ric took his experiences and "left the nest" to become a Safety Director for at Lifeline Foods in St. Joseph, Missouri.

One of the most joyful moments to see a very talented occupational health nurse grow, and probably one of the scariest for her, was to see Carla Breinlich leave a talented group at a stable contract to be my replacement as the solo health practitioner at Diamond Chain Company. Carla took

the challenge and has created a great Occupational Health Department and a great relationship for BHS and Diamond Chain Company. Her expertise and ability to show her value grew this contract from part-time to full-time.

Another cornerstone for BHS is Cathy Pelko. She kept the ship upright and in the right direction so that one contract with Carrier Corporation in Indianapolis, Indiana could develop into possibilities at other Carrier sites. The team of nurses with her pulled together and kept business running so Cathy could be involved in the oversight of Collierville with Indianapolis.

So you ask how and why BHS got started - for the PEOPLE - great, talented, skilled professionals to provide a different level of occupational health and safety services that is better than the canned version off the shelf.

Thank you to our initial pioneers to help clear the path. Thank you to all our people who have come aboard and are part of the solution!

Is Your Environment Holding You Back?

When I was much younger, I found myself in a job situation where the environment wasn't conducive to growth. This frustrated and discouraged me. I had always been focused on growth and improvement. From basketball as a kid to speaking professionally, I was always looking for ways to get better at what I was doing. I might not have always had an official plan for growth, but I was continually pursuing growth. Now I found myself in a place where growth was not just ignored; the environment discouraged it.

Maybe you've found yourself in a similar situation. Back then, I could see clearly all around me what a growth environment *didn't* look like. But one day, I realized that I had never really thought about what a growth environment *did* look like. What were the characteristics of that environment? I was eager to figure it out, so I could go in search of one. So I created a list of characteristics to look for in any environment, so that I could be sure it was a place where I could grow. This is what I wrote:

In a growth environment,

- 1. Others are ahead of you.** Is it possible to grow in isolation? Sure, but not as fast as you can grow with others. And growth happens even more when at least some of the people are ahead of you on the journey. In a growth environment, the accomplishments of those ahead of you encourage and challenge you to do more than you thought you could.
- 2. You are continually challenged.** It's one thing to be challenged by the growth of others. That will certainly help you grow. But it's even better when the job or task itself is challenging. When's the last time a boring job made you want to grow?
- 3. Your focus is forward.** "Yesterday ended last night." This is what leaders of growth environments believe. They're more interested in conquering the next challenge than worrying about the past.
- 4. The atmosphere is affirming.** My

parents used to say, "You catch more flies with honey than you do with vinegar." In other words, in a growth environment, the leader understands that being positive yields better results than negativity. Being affirmed feels good, and it gives you the courage to stretch and grow more.

5. You are often out of your comfort zone. I've often said that you should stay in your strength zone, but get out of your comfort zone. The skills that you focus on growing should be areas where you have some natural ability, as opposed to trying to shore up weaknesses. But that doesn't mean you should be comfortable. Getting out of your comfort zone happens when you've taken on a challenge that's bigger than you. And that bigger challenge yields bigger rewards.

6. You wake up excited. No, not every day. Everyone has a bad day sometimes. But overall, in a growth environment, you feel so positively challenged and affirmed that you are eager to get up every day because you expect to keep growing and learning.

7. Failure is not your enemy. By focusing on solutions rather than blame, a growth environment gives you permission to make mistakes, admit them, and learn from them. Failure is such a big part of growth, that people don't fear it.

8. Others are growing. In addition to those who are ahead of you, are the people around you growing? Moving together toward a common goal can be exhilarating, like being on a winning team. In a growth environment, people almost can't help growing because it's emphasized and affirmed.

9. People desire change. Growth equals change. If the people around you don't desire it, or worse, if they resist it, then your environment is not one of growth. In a growth environment, change is encouraged and celebrated.

10. Growth is modeled and expected. In a growth environment, the willingness to grow is demonstrated at all levels. Leaders

expect it of themselves as well as their people. They hold themselves and others accountable when it's not occurring. And they celebrate growth when it happens.

Writing my list had a great effect on me. It gave me clarity on my then-current situation, as I became more aware of how it was slowing down my personal growth. It also showed me what kind of situation I needed to look for in the future. Soon afterward, I made a difficult change, getting out of my comfort zone and stepping into a new environment where I could thrive and grow again.

What kind of environment are you in? Is it helping you grow or holding you back?

Are you a leader? If so, you can make your organization into a growth environment. Use this list to check your progress.

Are you a team member? If so, you may not have much input into your environment. Use this list to see what kind of environment you might want to be in. If you're in a bad environment, it may be time to move. If you are not able to move as easily as I did, here's some good news: you can grow in a non-growth environment. It's just harder.

Are you a parent? It wasn't until after I wrote my list that I realized that I had basically described my home environment growing up. My parents did a phenomenal job of nurturing and encouraging our personal growth and learning. Use this list to create a growth environment in your home. You'll give your children a gift that they'll use the rest of their lives, as I have.

Personal growth is challenging. It involves mistakes and failure. A good environment certainly makes it easier to grow. But whether you're in a good environment or not, you can learn and improve where you are. I wrote my book, *Sometimes You Win, Sometimes You Learn*, to help people like you to turn mistakes and losses into opportunities. Even the most challenging situation can lead to incredible growth. Continue to keep your eyes on that prize.

By: John Maxwell

FMLA Case Corner

This month we thought we would provide a few questions to get everyone thinking! Remember we still want to hear from you of your real case life examples to share and learn from each other.

- 1) What records must be kept to comply with the FMLA and who keeps the records at your location?
- 2) Can an employer count time missed for a work-related injury or illness?
- 3) If an employee has to work mandatory overtime, are they entitled to more than the 480 hours?
- 4) What happens when an employee comes back from leave and can't perform his or her job?

Answers:

1) FMLA requires that the company shall keep the following records pertaining to their obligations under the Act for 3 years.

- Basic payroll and identifying employee data, including name, address, occupation, rate or basis of pay and terms of compensation, daily and weekly terms of hours worked per pay period, additions to or deductions from wages, and total compensation paid. Hours worked records need not be kept for employees who are not covered by or are exempt from Fair Labor Standards Act.
- Dates FMLA leave are taken by employees and designated in records as FMLA leave. This includes written record of intermittent or reduced leave schedules.
- If FMLA leave is taken in increments of less than one (1) full day, the hours of the leave.
- Copies of employee request for leave furnished to the Human Resources and/or Medical Department and copies of all supporting documents and specific notices given to employees.
- Any documents (including written and electronic records) describing employee benefits or policies and practices regarding the taking of paid and unpaid leaves.
- Premium payments of employee benefits.
- Records of any dispute between the company and an employee regarding designation of leave as FMLA leave.
- Records and documents relating to request for FMLA and Department Notification, medical certifications, re-certifications or medical histories of employees or their family members, shall be maintained in separate files/records and treated as confidential medical records if housed in Human Resources

2) Yes if the condition meets the requirement of a FMLA qualifying condition and the employee has prior notification of the designation.

3) Under the FMLA, the term “workweek” is the employee’s usual or normal schedule (hours/days per week) prior to the start of FMLA leave, and is the controlling factor for determining how much leave an employee is entitled to use when taking FMLA leave intermittently or on a reduced workweek schedule for a serious health condition. If overtime hours are on an “as needed basis” and are not part of the employee’s **usual or normal workweek**, or is voluntary, such hours would neither be counted to calculate the amount of the employee’s FMLA leave entitlement nor charged to the employee’s FMLA leave entitlement. Where overtime hours are not part of the employee’s **usual or normal workweek**, disciplinary action may not be taken against an employee for being unable to work overtime as a result of limitations contained in a medical certification obtained for FMLA purposes. If the normal workweek is greater than 40 hours, hours worked above 40 hours must be included in determining the maximum amount of leave available to the employee under the FMLA. For example, if an employee normally works overtime in three of every four weeks, then such overtime hours are part of the **usual and normal workweek** schedule of the employee and would be included in calculating the amount of FMLA leave available to the employee. This would be the case even where the employer may not know in advance of the workweek when overtime will be scheduled or how much overtime will be worked that week as overtime hours may be based upon business demand that varies from week to week.

4) What happens when an employee comes back from leave and can't perform his job?

There are a few questions you need to answer in that situation:

- Is he ADA-protected? Some conditions that qualify for FMLA leave are also protected by the Americans with Disabilities Act. If that’s the case, you may need to accommodate the employee’s disability.
- Can he perform the job’s *essential* functions? In a recent decision, a court ruled the company couldn’t deny reinstatement based on an inability to perform nonessential job functions.

Skin Cancer Awareness

Most Common Types of Skin Cancer

- *Melanoma*
- *Basal cell* skin cancer
- *Squamous cell* skin cancer

What is Skin Cancer?

- **Definition of skin cancer:** Cancer that forms in the tissues of the skin. There are several types of skin cancer. Skin cancer that forms in melanocytes (skin cells that make pigment) is called melanoma. Skin cancer that forms in the lower part of the epidermis (the outer layer of the skin) is called basal cell carcinoma. Skin cancer that forms in squamous cells (flat cells that form the surface of the skin) is called squamous cell carcinoma. Skin cancer that forms in neuroendocrine cells (cells that release hormones in response to signals from the nervous system) is called neuroendocrine carcinoma of the skin. Most skin cancers form in older people on parts of the body exposed to the sun or in people who have weakened immune systems.

Estimated new cases and deaths from skin (nonmelanoma) cancer in the United States in 2014:

- New cases: more than 2,000,000
- Deaths: less than 1,000

Skin cancer is the most common type of cancer in the United States. Each year, more than 68,000 Americans are diagnosed with melanoma, and another 48,000 are diagnosed with an early form of the disease that involves only the top layer of skin. Also, more than 2 million people are treated for basal cell or squamous cell skin cancer each year. Basal cell skin cancer is several times more common than squamous cell skin cancer.

Diagnosis

- If you have a change on your skin, your doctor must find out whether or not the problem is from cancer. You may need to see a dermatologist, a doctor who has special training in the diagnosis and treatment of skin problems.
- Your doctor will check the skin all over your body to see if other unusual growths are present.
- If your doctor suspects that a spot on the skin is cancer, you may need a biopsy. For a biopsy, your doctor may remove all or part of the skin that does not look normal. The sample goes to a lab. A pathologist checks the sample under a microscope. Sometimes it's helpful for more than one pathologist to check the tissue for cancer cells.

Treatment

- Treatment for skin cancer depends on the type and stage of the disease, the size and place of the tumor, and your general health and medical history. In most cases, the goal of treatment is to remove or destroy the cancer completely. Most skin cancers can be cured if found and treated early.
- Sometimes all of the skin cancer is removed during the biopsy. In such cases, no more treatment is needed.
- If you do need more treatment, your doctor can describe your treatment choices and what to expect. You and your doctor can work together to develop a treatment plan that meets your needs.
- Surgery is the usual treatment for people with skin cancer. In some cases, the doctor may suggest chemotherapy, photodynamic therapy, or radiation therapy. People with melanoma may also have biological therapy.

Prevention

- The best way to prevent skin cancer is to protect yourself from the sun:
- Avoid outdoor activities during the middle of the day. The sun's rays are the strongest between 10 a.m. and 4 p.m. When you must be outdoors, seek shade when you can.
- Protect yourself from the sun's rays reflected by sand, water, snow, ice, and pavement. The sun's rays can go through light clothing, windshields, windows, and clouds.
- Wear long sleeves and long pants. Tightly woven fabrics are best.
- Wear a hat with a wide brim all around that shades your face, neck, and ears. Keep in mind that baseball caps and some sun visors protect only parts of your skin.
- Wear sunglasses that absorb UV radiation to protect the skin around your eyes.
- Use sunscreen lotions with a sun protection factor (SPF) of at least 15. (Some doctors will suggest using a lotion with an SPF of at least 30.) Apply the product's recommended amount to uncovered skin 30 minutes before going outside, and apply again every two hours or after swimming or sweating.

How to Check Your Skin

Check for anything new:

- A new mole (that looks different from your other moles)
- A new red or darker color flaky patch that may be a little raised
- A new flesh-colored firm bump
- A change in the size, shape, color, or feel of a mole
- A sore that doesn't heal
- Check yourself from head to toe:
- Look at your face, neck, ears, and scalp. You may want to use a comb or a blow dryer to move your hair so that you can see well. You also may want to have a relative or friend check through your hair. It may be hard to check your scalp by yourself.
- Look at the front and back of your body in the mirror. Then, raise your arms and look at your left and right sides.
- Bend your elbows. Look carefully at your fingernails, palms, forearms (including the undersides), and upper arms.
- Examine the back, front, and sides of your legs. Also look around your genital area and between your buttocks.
- Sit and closely examine your feet, including your toenails, your soles, and the spaces between your toes.

To learn more visit <http://www.cancer.gov/cancertopics/wyntk/skin>

Positive Drug Test Not a Slam Dunk in Court

Why did an appeals court find that an injured worker was eligible for comp, even though he tested positive for cocaine and admitted using it?

Employers and insurers arguing that an injured worker's illegal drug use should block payment of workers' compensation benefits must pick their battles wisely amid state laws limiting the argument's success.

A recent appeals court finding that an insurer must provide benefits for an electrician who suffered electrical burns – despite post-accident urine analysis revealing cocaine use and the Texas worker's admission that he consumed the drug – could have been the outcome in other states and serves as an example of a typical “proximate cause” hurdle that employers and insurers must clear.

Although employers regularly conduct post-accident drug tests, states often require proof that a worker was intoxicated or impaired at the time of the accident before allowing claims payers to deny workers' comp benefits.

Merely establishing illegal drug use is not always enough.

“There becomes a problem sometimes when the insurer or the employer tries to prove that they were intoxicated at the time of the accident because there are not necessarily clear toxicology standards for establishing impairment,” said Trey Gillespie, senior workers compensation director at Property Casualty Insurers Association of America.

The June 4, 2014 opinion by Texas' 7th District Appeals Court in the case of Bituminous Fire & Marine Insurance v. Ricardo Ruel shows the

insurer failed to overcome that hurdle.

Prior to treatment of his electrical burns, Ruel provided a hospital urine sample that showed the presence of benzoylecgonine, a cocaine byproduct remaining in the body after cocaine is metabolized. He later testified he consumed two lines of cocaine and six beers on Tuesday night, prior to the Friday morning accident.

But a supervisor and a coworker, who also suffered burns in the accident, testified that Ruel appeared normal and fit for duty before an electrical explosion occurred while they replaced a cover on a trough containing live wiring.

The case eventually went to trial and experts for the insurer and claimant disagreed on the value of urinalysis in establishing Ruel's impairment.

A jury concluded Ruel was not impaired at the time of the accident and the appeals court affirmed.

Under Texas law – as in other states – an employer is not liable for workers' comp benefits if an injury occurs while an employee is intoxicated.

But the appeals court noted that “unlike alcohol consumption, there is no level or test defined by statute that establishes per se if a person has lost use of his or her physical and mental faculties due to the ingestion of a controlled substance.”

The court found it reasonable to conclude Ruel was not intoxicated and affirmed the trial court's ruling in his favor based on the jury's decision that he was not intoxicated.

By contrast, Mississippi's Court of Appeals found in a March 2014 ruling that a trucker who fell while exiting an 18 wheeler was not entitled to workers' comp benefits after a hospital urinalysis showed cocaine use.

In *William Walker vs. Williams Transport*, witnesses testified that following the accident, the trucker “appeared out of it” and “a little disoriented.” He also admitted to past crack cocaine use and prior to the accident he called a supervisor for directions to a sand yard, even though he previously drove the route several times a day.

The appeals court found substantial evidence that Walker was intoxicated when he fell and injured his back and ribs.

In addition to the other evidence, the court found the testimony of a pharmacology and toxicology expert particularly significant. The expert testified that the urinalysis showed Walker used cocaine two or three days before the accident and that use likely caused disorientation that contributed to his fall.

Such cases typically require payers seeking to deny benefits to prove that drugs or alcohol were the accident's proximate cause, meaning the injury would not have occurred but for impairment, said Jeffrey Adelson, a partner at Adelson, Testan, Brundo, Novell & Jimenez, a workers' comp defense firm.

“Your first hurdle is proving the substance was in their body,” he said.

That is why employers want a urine sample obtained immediately following a significant accident, such as one that sends a worker to the hospital.

“The second hurdle is showing that the substance impaired their ability to engage in the accustomed activities of their job in a safe fashion,” Adelson added.

The second hurdle presents a greater challenge for employers and insurers, potentially requiring legal expenses including paying for medical and toxicology experts.

Court rulings resulting from an intoxication defense often hinge on case-specific facts, more so than other workers' comp issues that are litigated, Adelson said.

For example, the outcome in the Texas case may have differed had a jury learned that the claimant consumed cocaine ten minutes before the accident rather than a few days prior, as actually occurred.

The closer the drug use to the accident, the more challenging it is for the claimant to prevail, Adelson said.

The proximate-cause hurdle should force workers' comp payers to carefully consider whether to litigate a case involving a worker who tested positive for drug use.

But it shouldn't discourage employers from pursuing the defense when the facts weigh in their favor.

Consider the consequences should word spread among employees that a drug-using coworker caused an accident, yet gets to stay home and collect benefits.

By: [Roberto Cenicerros](#)



August National Immunization Awareness Month

Immunization helps prevent dangerous and sometimes deadly diseases. To stay protected against serious illnesses like the flu, measles, and tuberculosis, adults need to get their shots - just like kids do.

National Immunization Awareness Month is a great time to promote vaccines and remind family, friends, and coworkers to stay up to date on their shots.

How can National Immunization Awareness Month make a difference?

We can all use this month to raise awareness about vaccines and share strategies to increase immunization rates with our community.

Here are just a few ideas:

- Talk to friends and family members about how vaccines aren't just for kids. People of all ages can get shots to protect them from serious diseases.
- Encourage people in your community to get the flu shot every year.
- Invite a doctor or nurse to speak to parents about why it's important for all kids to get vaccinated.

To read more about immunization awareness visit:
<http://healthfinder.gov/NHO/AugustToolkit.aspx>



Education and Training

Society for Human Resource Management

SHRM Conferences provide proven, comprehensive learning that will boost your professional and personal potential. Whether you are new to the HR profession, hoping to supplement your workplace experience with strategic and tactical education, or seeking to increase your competencies for career growth, the SHRM suite of conference offerings can help.

Emerging Lead (HR) Conference
Sept.30-October 1, 2014

Las Vegas, NV

To find out more information visit:
<http://conferences.shrm.org/emerging-leader-conference>

The FMLA Training & Certification Program

FMLA usage is on the rise, and more and more employees are enforcing their rights through the courts.

When an employee misses work, it is the employer's responsibility to determine whether FMLA applies. You can't afford not to know the rules!

Understanding all of the intricacies of the Family Medical Leave Act can be a daunting task. Whether you are new to employee benefits or are an experienced Human Resources professional, this course will provide all of the latest information on FMLA compliance.

To find more information visit:
<http://www.hrcertification.com/FMLA.asp>



The 69th Annual Workers' Compensation Educational Conference
and 26th Annual Safety & Health Conference

August 17 - 20, 2014
The Orlando World Center Marriott

To find out more about this conference visit:
<https://www.wci360.com/conference>

Online ADA Title II Training Course

To find more information on this training course visit:

<http://www.wecomply.com/ethics-training/815704-americans-with-disabilities-act-ada-title-ii-compliance-training-courses-classes>

AAOHN 2015 National Conference:

March 23-26
Preconference:
March 21-23
Exhibit Dates:
March 24-25

The Westin Boston Waterfront
425 Summer Street
Boston, MA 02210

For more information visit: <http://www.aaohn.org/>



Happy July/August Birthday!
Enjoy your day!

Elaine M. Chance, RN - 7/28 - Carrier-Indiana
 Samika N. Johnson - 8/3 - Dow AgroSciences-Indiana
 Shannon Banes, RN - 8/4 - Carrier-New York
 Cathy M. Morrissey-Pelko, RN - 8/16 - Rexnord -Indiana
 Stephanie Goodell, RN - 8/19 - Carrier-New York
 Stephanie D. Garrett, RN - 8/24 - Carrier-Indiana
 Carla J. Breinlich, RN, COHN-S, RN - 8/29 - Diamond Chain- Indiana
 Ashley L. Couch, MA - 8/29 - Carrier-Tennessee
 Kathy Stevens - 8/31 - Indiana

Happy Anniversary!
Thank you for your dedication!

Elaine M. Chance, RN-1 year
 Casey Gosman, RN-1 year
 Amber A. Jones, RN-2 Year
 Jenny K. Markins, RN-1 Year
 Pamela R. Richeson, RN-1 year
 Alicia Barber, RN - 1 year



We are excited and very happy for our following team members:

- Stephanie Lootens, RN to our UTEC - Huntington, Indiana contract as the Occupational Health Nurse/Case Manager for Second Shift
- Shannon Vassar, RN to our Carrier - Indianapolis, Indiana Contract as Occupational Health Nurse
- Stephanie Georges-Eytcheson, RN to our PRN Pool for Central Illinois and Western Indiana with primary sites of Simonton Windows, Paris, IL and Eli Lilly/Elanco Labs in Clinton, Indiana
- Ashley Shaffer-Childers, RN to UTEC - Huntington, Indiana contract as an Occupational Health Nurse in our PRN Pool

Employee Spotlight

Cathy Haase, RN

Occupational Health Nurse, PRN Pool for
Carrier – Indianapolis, IN & Syracuse, NY
Eli Lilly/Elanco Labs – Clinton, IN

I grew up on a dairy farm in Parke County, home of the Covered Bridge Festival where the Bridgeton Covered Bridge is built by my family. As a child I always wanted to be either a teacher or a nurse. I am lucky enough to have fulfilled both of those childhood dreams.

I have been in the nursing field for 17 years, after gaining the opportunity for a paid education as an addition to my severance pay from a company where I had been a graphic artist for 10 years. I began my career while in college as a med/surg student nurse for 2 years, then after graduation I began a love for emergency medicine as I went to Methodist Hospital Trauma Unit and then became part of an Emergency Team in my local area. I have worked in the Emergency field for 14 of my 17 years. I joined BHS 5 years ago as a PRN Registered Nurse and have continued to fill needs as they arise when my schedule allows. In the past year I have tried to separate myself from the love of my career, the ER, as I am now an educational instructor at Harrison College in Terre Haute, Indiana, teaching Medical Assistant student clinical and laboratory procedures as well as medical calculations, pharmacology, medical terminology, and professional perspectives. This career change has been a real eye opener for me and how education has changed since my days of college at Indiana State University. I continue to be a part of BHS and enjoy the occupational health field in every aspect.

I have 4 boys, not all my own, but love them all as my own. My son lives in Indianapolis, we lost a son in 2010, and we have 2 Swedish boys who live with us and attend Indiana State University. I have a nephew who also attends Indiana State University, another nephew, age 5, who has given me the gift to learn the world of Autism and Charge Syndrome. I also have one lucky little niece, the only girl – spoiled.

When I am not working at one of my three jobs, my husband and I love to travel in our motor home and enjoy visiting wineries, going to NASCAR races, and camping. In just a few months my husband and I will be opening our own winery in Clinton, Indiana, TJ Haase Winery. It has been a long journey and we are very excited to share a love that we both have and bring people together from all directions.

I feel my greatest accomplishment in my life has been having the opportunity to fulfill my childhood dreams. My stepmom and my father have always been my strength. I was in nursing school when lost my stepmom to breast

cancer and her last words to me were, "Keep your eye on your dreams, believe in each day, and god will do the rest"



2014 Payroll & Holiday Schedule

Time sheets are due weekly by Monday at Noon for any hours worked the prior week.

Direct Deposit (Wednesday)	Pay Period Covered
July 23, 2014	6/30/2014 - 7/13/2014
August 6, 2014	7/14/2014 - 7/27/2014
August 20, 2014	7/28/2014 - 8/10/2014
September 3, 2014	8/11/2014 - 8/24/2014
September 17, 2014	8/25/2014 - 9/7/2014
October 1, 2014	9/8/2014 - 9/21/2014
October 15, 2014	9/22/2014 - 10/5/2014
October 29, 2014	10/6/2014 - 10/19/2014
November 12, 2014	10/20/2014 - 11/2/2014
November 26, 2014	11/3/2014 - 11/16/2014
December 10, 2014	11/17/2014 - 11/30/2014
December 24, 2014	12/1/2014 - 12/14/2014
January 7, 2015	12/15/2014 - 12-28/2014

**Business Health Solutions, PC paid holidays for benefited positions:
New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving Day, Christmas Day.**
Please Note we follow the BHS Holiday Schedule for Paid Holidays and not the contract location.

BHS
Newsletter

1975 W 800 N
Lebanon, IN 46052

Wellness Fact:

One can of soda contains 10 teaspoons of sugar and the average American adult drinks 500 cans of soda every year, estimating about 52 pounds of sugar consumed in soft drinks alone.