

NSR

Network Staffing Resources, Inc.

PERSONNEL POLICIES AND AGREEMENT

PURPOSE To obtain agreement on major administrative rules, violations of which cause frequent complaints and disruptions. It is requested that all personnel sign as a condition of employment.

I, _____, agree as follows:
(Print Name)

I agree that it is my responsibility to read and abide by the company policies and procedures as outlined for me.

I agree that it is my responsibility to sign any time records presented and required by the hospital and Network Staffing Resources, Inc., (NSR) as proof of hours worked and will submit a time card, verified by an authorized hospital supervisor before I can get paid. I understand that unverified sign-in sheets are not evidence of hours worked.

I will not expect or request pay unless I have obtained and submitted to NSR written verification of work performed at the hospital to which I have been assigned. I will not submit unverified time sheets or call in my hours to the office and expect to be paid on that basis.

I agree to sign-in on Network Staffing Resources time sheets immediately upon completion of the last shift I work in a given week. I understand that NSR must receive all time sheets for a pay period by Friday evening or by 8:00am Monday morning after the pay period ends in order to get paid on the next payday. Paychecks will be prepared and mailed on Thursday afternoon and ready for pick-up after 4:00 p.m. every other Thursday. NSR requests prior notification if a check will be picked up. Written permission must be on file in order for a person other than the employee to pick up their check. I understand if I request to issue a replacement paycheck, I give my permission for the stop payment fee to be deducted.

I understand and agree that if I cannot be reached from two hours before the shift starting time and I am canceled, I am not entitled to compensation for reporting to duty. A record in the assignment log showing attempts to notify within that timeframe relieves NSR of the responsibility to compensate for a late cancellation.

I understand and agree that when I arrive at an assigned duty station, which then cancels my assignment, I will inform the NSR office management immediately. If I fail to do this, I understand that I will forfeit my late cancellation compensation. The Network Staffing Resources person **ON CALL** can be reached twenty-four (24) hours by calling the office number 317.787.8233.

I agree to write down time, date directions and conditions of all assignments. If there is a disagreement, and the hospital sends me home because I have not met the conditions and time required, I agree that evidence in the assignment log may relieve NSR from responsibility.

I understand that when I report for an assignment, I must be on time, ready, able, willing and fit to perform those duties assigned. If I am sent home because of illness, I understand that I am entitled to be paid only for those hours in which I engaged in productive labor.

I understand and agree that fitness includes having a valid credential; license and CPR card in my possession and adherence to the dress code, absence of offensive odors, including that of alcohol, marijuana, tobacco or other substances offensive to patients. I understand that unfitness includes but is not limited to excessive fatigue and sleepiness, socialization, uncooperativeness and insubordination. I understand and agree that if I am sent home because the hospital determines I am not able or suitable to perform the duties assigned, I have no basis for claiming compensation.

I agree to call the Network Staffing Resources office during normal business hours (8 a.m. to 4:30 p.m. Monday through Friday) concerning all administrative matters other than shift assignments and availability unless otherwise requested to do so.

Overtime pay will not be requested by me unless the overtime hours have been requested and approved by authorized hospital personnel in advance, or I am engaged in a productive work situation, i.e., code blue, late arrival of replacement, etc. My early arrival at the hospital to familiarize myself with such new hospital will not be considered productive time for which overtime will be paid. If I remain after a shift to talk to hospital personnel on non-productive matters, unless specifically requested, will not be considered overtime.

I agree to refrain from selling products or services for my personal gain while on assignment for Network Staffing Resources.

I agree not to spend excessive time with patients and facility staff solely for social purposes during work hours.

I agree to maintain strict confidentiality with regard to any patient information, both personal and medical in nature that I may become familiar with during the course of my duties at any facility.

I understand as an employee of NSR it is against company policy to give my telephone number to any client of NSR. Further, I agree that all scheduling will be done through NSR'S office. I understand that if I am offered advance scheduling from a facility, I will immediately report, clear and verify such schedule with the NSR office.

I agree to conduct myself as a professional, responsible to the facility and to NSR at all times while on NSR assignment.

I have read and agree to the above administrative rules and to the Network Staffing Resources Attendance, Drug and Alcohol in the Workplace Policy, Sexual Harassment and Call-In Policies.

Signed

Date