



## EMPLOYEE ASSIGNMENT RECORD : MED PLUS STAFFING

Client Name : \_\_\_\_\_

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

RN   LPN   CNA   CMT   S.S.   MA1   \_\_\_\_\_

DAY	DATE	SHIFT	UNIT	IN	LUNCH	OUT	TOT REG HRS	OT HOURS	CLIENT INITIALS

- : Employees must only use **MED PLUS STAFFING** employee assignment cards.
- : NC/NS (no-call no-shows) to a scheduled assignment will result in voluntary termination.
- : The documentation is subject to final approval according to client sign-in sheet.
- : The employee signing this certifies as to the accuracy of the hours worked as stated, and that the work has been performed in a satisfactory manner, and there was no injury during the above assignment.
- : All overtime must be approved by both the client and **MED PLUS STAFFING** prior to assignment.
- : **MED PLUS STAFFING** will prosecute for any forgery of employee assignment record.
- : Employee must have the original signed time slip for daily pay.

**EMPLOYEE SIGNATURE :** \_\_\_\_\_

AMOUNT\$ \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE PAID: \_\_\_\_\_

ORIENTATION

TIME AND TRAVEL

STAT CALL / LATE CALL

Daily Nurse Evaluation:                      **EXCELLENT**                      **GOOD**                      **FAIR**                      **POOR**

: Dress code	E	G	F	P
: Patient care	E	G	F	P
: Safety control	E	G	F	P
: Infection control	E	G	F	P
: Timely and efficient work	E	G	F	P
: Cooperative with facility staff	E	G	F	P
: Documentation	E	G	F	P

**AGREEMENT:** The signature of the authorized person verifying hours worked by Med Plus Staffing personnel agrees that the time listed is correct and work was performed satisfactorily. A signature acknowledges that the client agrees not to employ or encourage employment of Med Plus Staffing personnel. Client acknowledges to payment terms of net due upon receipt. Facility agrees to notify Med Plus Staffing immediately upon any accident, clinical incident, or any issue relating to employees ethical misconduct.

**CLIENT SIGNATURE :** \_\_\_\_\_

CLIENT PRINTED NAME : \_\_\_\_\_