



Staffing Agreement– Confirmation Of Assignment

Travel Contract Local Contract Extension Per-Diem

Date: _____

Employee Name: _____

Employee Classification: _____

Employee Contact phone number: _____

Employee Email: _____

Unit Location: _____

Rate: _____

Contract Start Date: _____ Contract End Date: _____

Shift: _____

Requested Time Off: _____

Guaranteed Hours: 24 36 40

Weekly guaranteed hours do not apply when:

- The unit is closed due to holiday or weather
- When the candidate has requested and takes pre-approved time off (either listed on COA or approved during engagement)
- When the candidate requests to leave early or volunteers to leave early

Candidate is aware hourly rates do change pending

Employee Name: _____

Signature: _____ Date: _____

For Competent Nursing Staff Hiring Manager- Approval

Printed Name: _____

Title: _____

Signature: _____

Date: _____