

1 Copy-Customer

DATE

1 Copy-Employee 1 Copy-Office								
Employee Name (Please Print)								
Social Securi	ity#	(RN,LPN,	(RN,LPN,CNA,ETC,)					
Customer Na	ame	Department						
DATE MONTH/DAY	TIME IN	TIN		LUNCH	TOTAL HOURS			
Week Total Ending Hours Date Worked								
Customer's Signature Certifies:  1) That the above hours are correct and that the work was performed in a satisfactory manner. 2) Confirms completion of Facility Unit orientation. 3) Confirms prior agreement between MedPlus and the customer with respect to the services performed.								
CUSTOMER SIGNATURE DATE								
Employee signature and initials certifies that the following have been covered in the facility/unit Orientation:  1) Job Description 2) Safety Policy 3) Occurrence Report 4) Infection Control 5) Emergency Team 6) Other Information as Deemed Necessary by the Facility 7)Hazard Communication 8)Evacuation Procedures 9)Soiled Utilities Location 10)Location of Bio Waste Containers 11)Review Policy & Procedure Book for Specific Facility 12)Unit Orientated								
A) That the hours and dates shown above are true and correct, and were verified by an authorized representative of the Customer. B) MedPlus may assume that the employee is unavailable for work if he/she does not contact them upon completion of each assignment. C) No accident or injury was customed during the dates chours above upless noted.								

EMPLOYEE SIGNATURE



1 Copy-Customer 1 Copy-Employee

2122			/	1 Copy-C	Office	
Employee N	ame (Please l	Print)				
Social Security # Customer Name				(RN,LPN,CNA, ETC,)  Department		
					+	
Week Total Ending Hours Date Worke			d			
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CUSTOMER SIGNATURE DATE						
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assume that the	e employee is u	navailab ch assigr	le for we nment. C	ork if he/she  One of the or in the	does not contact nt or injury was	
EMPLOYER	SIGNATUR	E		<del> </del>	DATE	



1 Copy-Customer 1 Copy-Employee 1 Copy-Office

Employee Name (Please Print)							
Social Security #					(RN,LPN,CNA, ETC,)		
Customer Name					Department		
DATE MONTH/DAY	TIME IN	TIME OUT			LUNCH TOTAL HOUR		
Week Ending Date			Total Hours Work				
Customer's Signature Certifies:  1) That the above hours are correct and that the work was performed in a satisfactory manner. 2) Confirms completion of Facility Unit orientation. 3) Confirms prior agreement between MedPlus and the customer with respect to the services performed.							
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EMPLOYEE	EMPLOYEE SIGNATURE				DATE		