



After hours, there will be a Staff One staffing manager on-call. You must call the regular HealthCare Division Direct Line number, which is provided above. Do not leave messages on the main company line voicemail! YOU MUST CALL THE HEALTHCARE DIVISION DIRECTLY AT 414-453-7350! If you need to leave a message it must be left with the health care on-call cell phone. If you leave a message on the on-call cell phone, you must leave your name, your title, a number to reach you and a brief description as to the reason for your call. And lastly, make yourself available to speak to a Staff One representative when they return your call.

_____ Initials

On Call: On-Call schedulers will cover the times when the office is closed after hours, weekends and holidays. Calls after hours should be kept to emergency call-ins, injuries, or for updating your availability pertaining to that day.

_____ Initials

Attendance: Again, once you have accepted an assignment, you are bound to completing the assignment. Make sure you have made arrangements (transportation, daycare, etc.) necessary to get to work. Attendance will be monitored and if there is an attendance issue, disciplinary action will result. A **no call/no show, or walking off the job without permission from your direct supervisor** will be considered an **immediate voluntary quit**. Excessive tardiness, defined as being late more than 4 times in one month, is also grounds for disciplinary action. We require at least 4 hours notice to cancel any assignment. We appreciate as much notice as possible. This enables us to better serve our client facilities.

_____ Initials

Cancellations-Staff One requires **at least 4 hours** notice from their employees to cancel any assignment(s). (Transportation, child care, other jobs, are not acceptable reasons for canceling an assignment). All reasons will be documented and monitored. It is also mandatory that you call Staff One with any staffing concerns re: cancellations, tardiness, etc. yourself. You should **never** call a facility directly.

_____ Initials

Attendance Penalty: Any Staff One employee who fails to report to work for an assigned shift without prior notice is considered a **no call/no show** and any Staff One employee who cancels a scheduled shift with less than 4 hours notice is considered a **late cancel**. Both **no call/no shows, walking off the job** and **late cancels** forfeit the right to receive regular pay. Instead of the regular pay, the Staff One employee will be paid minimum wage per hour for any hours worked that week at ANY facility, for a **no call/no show or walking off the job** for work that week. **Late Cancels** will be paid minimum wage for one 8 hour shift, whether the shift was worked previously or later.

_____ Initials

Professional: While you are out on assignments for Staff One, we expect you to present yourself in a professional manner. You will be given an assignment and the assignment should be carried out. In healthcare, there are many variables for assignments. Remember, you are providing a service to the facility and representing Staff One. We assure our clients that our staff will arrive willing and ready for their assignment.

_____ Initials

Phone and internet use: While on an assignment, you are never to use a patient/resident phone. This is an offense reportable to the State of Wisconsin and classified as theft/misappropriation. If there is an emergency, you should find a payphone on your break, or ask your supervisor permission to use the facility's phone. Internet use is also prohibited. Lastly, Cell phones are not to be turned on at the facility. Cell Phones should only be used on breaks and in areas that the phone will not interfere with medical equipment.

_____ Initials

Abuse reporting: **As a caregiver, you are an advocate for your patients. If you observe any type of abuse or neglect, you must report it to your immediate supervisor. Please report it to Staff One as well.**

_____ Initials

Incident reporting: **All injuries, medication errors, injuries to your patients MUST be reported on a facility incident report and following the Facility' policy and procedure protocol. Any incident resulting in an injury to YOU must be also documented with Staff One. Simply, ask for a copy for our records. Also, report the incident verbally to us as soon as possible. Injuries and incident reports must be turned in within 24 hours of the occurrence.**

_____ Initials

Patient/Resident Abandonment: **If you do not notify us of an absence (NC/NS) or walk off a job without permission from your direct on-site supervisor, it is considered Abandonment of the Patient/Resident. This is reportable to the State of Wisconsin and it is a risk to your license/certification.**

_____ Initials

Injuries: All employee injuries must be reported to Staff One as soon as possible. For after "business hours" you will be routed to the nearest Concentra Medical Center for assessment. Injuries must be reported within 24 hours. This is to protect you, so the sooner the better!

_____ Initials

Transportation: Transportation is YOUR responsibility. Lack of transportation is not an acceptable reason to cancel an assignment, or refuse work offered. Make sure you are able to get to work prior to accepting an assignment!

_____ Initials

Time sheets: Timesheets are your means of being paid. Your time sheet must be completed at the end of each shift. It is ok to use the same timesheet all week, if used at the same facility. They must be filled in completely and signed by your supervisor. Or you may be sent back to get the signature. Some facilities may use a group sign in system, please follow their instructions. Time sheets **must** be turned in by **NOON ON MONDAY to be paid the following Friday.**

_____ Initials

Payroll: We pay on a weekly basis. Pay day is Friday each week. Paychecks may be picked up in the office on Fridays between 8am and 5pm; you can have them mailed, or sign up for direct deposit. (There is a \$2.00 fee per check for direct deposit). If you do not tell us what your preference is, your check will be mailed. If a holiday lands on a Friday, you are welcome to call and ask when the pay date will be.

Pay periods: Our pay periods start on Sunday and end on Saturday (at the end of night shift on Saturday).

_____ Initials

Reporting to supervisor/scheduler: When going to a new facility, it is a good idea to arrive a little early. Try to arrive at least 15 minutes early so you can get your assignment and be on your unit and ready to work at the shift's start time.

_____ Initials

Orientation on-site: Orientation to each facility/ unit will vary, however, it is your responsibility to ask for an orientation when you report for your assignment. Remember, your co-workers may not realize you need a quick tour and help getting started. Make sure to ask questions and get your assignment completed.

_____ Initials

Name tag: A name tag will be issued to you. It must be worn at all times. In the event it is forgotten, it is up to the facility what is acceptable to use. You will be charged \$5 for a replacement ID if your original is lost.

_____ Initials

Uniforms: Uniform colors will vary from facility to facility. Our standard uniform will be a scrub type top and pants. Or as specified by the facility. Shoes should be white, closed-toed, clean and in good repair. White tennis shoes are acceptable as long as they are modest (no bright colors or designs) and appropriate for care-giving. Pants should be ankle length (NO shorts!). Skirts/dresses should be knee length or longer. **NO**-t-shirts, shorts, sweatpants, sweatshirts, Capri style pants, tank tops, mid-riff tops

_____ Initials

Personal belongings, breaks (lunch): It is recommended to take a lunch or snack with you. There is no guarantee that the facilities will have a vending or tray service. To protect yourself and your belongings, take only necessary personal items with you. As lockers and storage space will vary from facility to facility. Our facilities require that you take a 30 minute break if you are scheduled 8 or more hours. Be sure to check with your on-site supervisor before you take this break. Also, make sure that this break is noted on your time card!

_____ Initials

Smoking: Smoking should be done only on designated breaks, and in designated smoking areas. Non-smoking policies are to be observed where applicable.

_____ Initials

Parking: Park only in designated areas. You may park in any areas marked employees, or visitor if not interfering with resident pick-up areas.

_____ Initials

Availability: It is your responsibility to report to Staff One, your availability and changes to your availability. If you have internet access, you will be given an log on and password to our web portal. You can log on as often as you like to add/change your availability. If you do not have access to a computer, you will need to call in at least bi-monthly to stay active on our schedule. You must also be sure to update any contact information that may change for you. **We also accommodate last minute calls to our clients.** So please inform us of all changes so we can work more efficiently in filling our shifts. If we do not hear from you for 60 days, you will be removed from the active schedule. **We cannot, in any way "guarantee" work. All assignments will be distributed on a first call first serve basis, subject to availability.**

_____ Initials

HealthCare Supplemental Staff/Part Time/On-Call Position Hours Clarification and Agreement: The position that you have been hired for is a part time/on call position but could provide you with more hours, as the need arises.

_____ Initials

This position is a part-time/on call position but workload depending, could possibly require you to work additional hours including over-time. We cannot guarantee how many hours you will receive week to week.

On the weeks that you do not have a set schedule, you have agreed to either input your availability into our on-line portal or call into the HealthCare Line at 414-453-7350 at least every other week to provide your availability so that we may schedule you for last minute needs.

_____ Initials

By signing below, you understand that the position you are accepting is classified as a supplemental/part time/on call position, therefore Staff One cannot guarantee any set amount of hours per pay period.

_____ Initials

Scheduling: We will schedule you according to your availability. We will call you and offer you the assignment. Once you have accepted the assignment, you are committing to that shift(s). Our facilities have up to two (2) hours before the shift start time to cancel you. If the client facility cancels you with less notice than the 2 hour window, you will be paid for **two (2) hours**. However, you must still submit a timesheet saying "**late cancel.**"

_____ Initials

If you arrive at a facility and they do not need you, again you will be paid for **two (2) hours** to cover your travel time. You must complete a time sheet and mark it "sent home." And, have the supervisor sign it to verify you were there. It must be signed to be paid. You must also notify **Staff One IMMEDIATELY** from the facility to notify us that you were sent home. We will also try to find you a new assignment. **If you go into a facility and the shift has already started, we will try to pay you from the facility's actual start time. This is a policy in which there will be variables among the different facilities.**

_____ Initials

Holidays: Holidays will be paid at time and 1/2 for the following holidays:

Christmas Eve	New Years Eve	Labor Day
Christmas Day	New Years Day	July 4th
Thanksgiving	Memorial Day	Easter

For holidays that land on an eve, the beginning of the holiday pay begins on the pm (2nd) shift and for Day holidays, the beginning of the shift start on the night shift prior to the holiday and ends the night shift of that day.

Weekend pay: The weekend begins on the NOC (3rd) shift on Friday. The weekend ends at the end of the night (2nd) shift on Sunday night.

_____ Initials

*****Credentials and Health:** TB skin tests, physicals, certifications, licensures, CPR: **all of these items expire.** If you have updated/renewed any of these items prior to their expiration, please make sure that Staff One receives a copy so your file can be updated. You will be made inactive if your credentials have expired. **We will do our best to inform you of pending expired documents; however it is ultimately your own responsibility to keep these things up to date and to provide us with copies of all certifications and records of health. If your credentials are not up to date, we are not allowed to assign you work!*****

_____ Initials

"Do not return" status: This means that a facility has determined that your performance was unacceptable and they do not want you back. **This could result in disciplinary action/termination with Staff One, pending the severity of the complaints.**

_____ Initials

Pay rates: Pay rates will be generalized, however, there will be some variables from time to time and may vary with facilities. We will notify you if and when there are any variations to the general rates.

Reasons for immediate dismissal without prior warning: *No call/no show*, abandonment of shift/patient, falsification of time slips, theft, vandalism, neglect, abuse, insubordination, verbal or sexual assault, harassment, physical fighting.

_____ Initials

Patient Rights & Confidentiality: While on assignment, it is always required to observe Patient Rights and Rights to confidentiality. Matters regarding residents, patients, or Home Health Clients should be kept at utmost confidence in compliance with current HIPPA regulations.

_____ Initials

Emergency Information: In the event of an emergency, CALL 911 immediately. In a Home Health setting, you will find a list of emergency contacts specific to the patient located in the "Patient Record Binder." Be sure to follow the procedures set for each specific patient, in the event of an emergency. For example, some patients may require that you call 911, and also call their primary physician, next of kin and Staff One. It is important that you are familiar with the patient's emergency procedure/contact information. If you are working in a facility, that facility will ensure your awareness and complete understanding of their emergency procedures.

_____ Initials

30 Day Orientation Period: You will have a 30 day orientation period from the first day of orientation and are responsible for Staff One receiving the required documents. **New employees must submit all documents BEFORE you will be allowed to begin working. For current employees, we must receive these documents within 7 days of their expiration, or you will not be permitted to work – and will be considered a voluntary quit.**

- CNA Card or RN, LPN State of Wisconsin License. (Upon expiration)
- Current CPR card. (Upon expiration)
- Health Certificate. (Yearly)
- Hepatitis B signed waiver or proof of Immunizations. (PRN, as requested by Staff One)
- Recent TB Skin Test or Chest X-Ray. (Skin tests updated yearly, CXRs updated every other year)
- 2 Forms of appropriate ID.

_____ Initials

Check Distribution: I prefer that my paycheck be: _____ Mailed _____ Directly Deposited _____ I will pick my check up

I hereby certify that I have attended Staff One Orientation for Healthcare Employees and that I have read and understand the policies and procedures outlined in the "Staff One: Orientation Topics" guide. I acknowledge that I have access to a copy of this Orientation guide.

Name of Applicant / Employee (please print)

Signature of Applicant / Employee

Date signed

Signature of Staff One Representative (witness)

Date signed



Hepatitis B Vaccine Assertion

I hereby state that I have received the Hepatitis B Vaccination Series, and that I have provided Staff One Ltd with a copy of my HBV immunization records.

Hepatitis B Vaccine Declination Waiver

I understand that due to my occupational exposure to hazardous waste material or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed:

Date:

ALLERGY STATEMENT

For the safety of our employees, we ask of any known allergies that may affect you at work. Examples would include types of cleaners, detergents, or latex. Please alert Staff One of these types of allergies so that we can make arrangements for a safe work environment.

Signature: _____ Date: _____