



Terms & Conditions of Employment

Please carefully review the expectations listed below to ensure your understanding and agreement to the terms of employment. Initial each term agreed upon.

No Guarantee of Placement: I agree and understand that ProHealth Staffing does not guarantee any placement(s) or the duration of any placement(s). I agree and understand that my employment is 'at will' meaning that my employment or placement may be terminated by myself, ProHealth Staffing or the Client at any time, for any reason. _____

Background Checks: I understand that each placement is subject to approval of my background check as a condition of continuation of employment. My employment may be terminated based on background check information and employment references. I am aware that a background check may be completed after I start a placement, and that starting a placement does not indicate an approval of the background check. I also understand that I am required to notify my Manager within (2) days of any arrest. Failure to do so may result in immediate termination and/or ineligibility for future placements. _____

Emergencies: In the event of an emergency, I agree to contact ProHealth Staffing and the Client as soon as possible, but never later than (1) hour prior to my scheduled shift. _____

Notice for Absenteeism: Attendance is vital to the success of an assignment. Therefore I understand that I am required to give a two-week notice for any time off. Time off must first be approved my Manager with ProHealth Staffing prior to requesting time off with the Client. I also understand that if I am going to be late for any reason, I am to call ProHealth Staffing and the Client. I understand that I should not request time off unless it is unavoidable. _____

Attendance: I understand that if I am late or absent more than two (2) times in a 90-day period, my employment/placement may be terminated. I also understand that ProHealth Staffing may ask for documentation when my absence does extend more than two (2) days for an acceptable reason. _____

Paid Sick Leave: Employees may use accrued sick days beginning on the 90th day of employment, not to exceed 3 days or 24 hours a year. Sick leave is accrued at the rate of one hour of paid leave for every 30 hours worked. I understand that I must complete a PTO form for any time off used. ____

Walking off the job: I understand that if I walk off a placement for any reason, it is cause for termination of my employment with ProHealth Staffing. If I am experiencing difficulty with my placement, I agree to communicate directly with my Manager at ProHealth Staffing not the client. I understand that ProHealth Staffing will direct me on the appropriate actions or find me another assignment. I agree to give ProHealth Staffing the opportunity to replace me before ending the assignment. ____

Professional Dress & Demeanor: I understand that ProHealth Staffing expects professional dress and demeanor at all times. ____

Personal Items: I understand that personal items are not allowed at any placement for any reason (i.e. photos, plants, radios, etc.) If the placement ends and my items are left at the facility, I understand that I am not allowed to return to the facility to pick them up nor will I expect ProHealth Staffing to pick them up. I understand that I will forfeit the items. ____

Personal Phone Calls: I understand that personal calls are strictly prohibited unless there is an emergency. This includes text messaging. I understand that I am to turn off my cell phone and only use it during my break(s) or lunch. ____

Client Equipment: I understand that the computer equipment, phones, fax machines, internet, etc. is to be used for business only. I understand that I am prohibited from utilizing all client equipment and software for personal use. ____

Timecards: I understand that it is my responsibility to make sure that my timecard is filled out correctly. I understand that I must submit my timecard every Friday by 7:00 PM or Sunday at 7:00 PM if I work on the week-end. Failure to do so could result in delayed pay. I understand that falsifying my timesheet is a criminal offense and could result in legal implications, and ProHealth Staffing will pursue any legal actions to include criminal charges and restitution. ____

Overtime: I understand that overtime is prohibited unless it is approved by the Client. ____

Direct Deposit: I understand that direct deposit is the fastest and most reliable way to be paid. I understand that if I choose to have my check mailed to me, my check may be delayed due to mail time. I understand that ProHealth Staffing does not take responsibility for mail time and will not consider issuing another check unless the check has not been received within 7 days. ____

California Employees: I understand that a Medical Provider Network is established for treatment of work related injuries. I also understand that as an employee in California, I am able to pre-designate a personal physician for treatment prior to a work related injury. A personal physician must be pre-designated within my first week of employment. ____

Solicitation: I agree that I will absolutely make no direct contact with the client during the hiring process. I also agree that I will make no contact with the clients or employees after, a placement has been completed unless prior approval has been given by ProHealth Staffing. I am aware that solicitation of a position from ProHealth Staffing is strictly prohibited. If I am solicited, I will immediately notify ProHealth Staffing and will not solicit or accept any placement or positions from any ProHealth Staffing clients without expressed written permission from ProHealth Staffing. Notwithstanding and apart from any remedies available to ProHealth Staffing, any violation of this section carries with it an enforceable fine of five thousand dollars (\$5,000.00). ____

Client Rules and Regulations: I understand that each Client may have additional rules and regulations by which I may need to abide by while on a placement. ____

Meal Breaks: I understand that I must take a minimum of a thirty (30) minute break if I work more than six (6) hours in a day and it must be taken before the end of the fifth hour of my shift. ____

Assignment Ending: I understand that if my assignment ends for any reason, I am not to contact the Client or the employees of that Client. I also understand that I am not to return to the worksite. ____

Client Property: I understand that all property received (office keys, office equipment, ID badges, Parking Passes, etc.), documents (including computer records, faxes, and e-mail), or any materials created, received or transmitted in connection with my work or using the facilities of the Client are property of the Client and subject to inspection by the Client at any time. Upon termination of employment with the Client, I will promptly deliver to the Client all documents and materials of any nature pertaining to my work with the Client, and under no circumstances will I have, following my termination, in my possession any property of the Client, or any documents or materials or copies thereof containing any Confidential Information. ____

Interviews: I understand that if I am sent on an interview with a ProHealth Staffing current or potential Client, I will be sure to follow up with my Manager at ProHealth Staffing regarding the outcome of the interview. Contacting the Client directly to discuss the interview or to solicit the client is prohibited. ____

Losing a Client: I understand that if ProHealth Staffing loses a Client due to my inability to perform

the essential functions of the job or due to my actions while on the assignment, ProHealth Staffing may choose not to work with me again. _____

Understanding: I understand the terms and conditions above and agree to adhere to them while being a part of the ProHealth Staffing team. _____

Please sign this form as acknowledgement of receipt of the policies outlined. You will receive a copy of the form with your take home packet.

Employee Name (Print): _____

Employee Signature: _____

Date: _____