



311 Market Street, Kingston, PA 18704 (570) 287-4650 (570) 714-2923 fax

Dear Applicant,

*Thank you for your interest in NurSTAT! We are very excited about your decision to apply with our Agency. We currently provide supplemental staffing to Personal Care Homes, Long-Term Care Facilities, and Hospitals. Facilities call us with their current staffing needs, ranging from Nursing Assistant, Specialty RN's to Therapists, and we provide coverage.*

Each NurSTAT employee has the opportunity to enjoy the following benefits:

- Referral Bonus Program
- Highly Compensated/Block Time
- Incentive Programs
- Flexible Scheduling
- Vacation Time
- Birthday Bonus

In addition to the following personal file, we will need the following in order to get you started and scheduled to work:

- View/Copy of your current nursing license/certification
- CPR/BLS, and/or other necessary certifications
- Two forms of documentation as stated on the I9, most common are Driver's License and Social Security Card
- Physical stating 'Free of Communicable Diseases' and able to perform said duties – must be done annually
- Copy of 2-step Mantoux test – Must be read within 24-48 hours and 2<sup>nd</sup> step must be placed 7-10 days after read date of the 1<sup>st</sup> step.
- We have daily pay, which we will mail you a debit card. Or weekly pay then I need a voided check or something from your bank with the account number and routing number.
- Criminal Background Clearance – we will process. There is a \$27.00 fee deducted from your check in \$9.00 deductions weekly.
- If you are currently working and have paid LST Tax of \$52.00 for the year. Please provide a pay stub as proof. Otherwise, \$13/week will be deducted until the \$52.00 is paid.
- Drug Screen, if have.
- Child Abuse Screen, if have.
- FBI, if have. If not in PA for 2 consecutive years, it is required.

Staff relief is a very flexible position; it enables you to CHOOSE the schedule you would like to work. NurSTAT seeks competent, professional, and RELIABLE Nursing Assistant's, CNA's, LPN's, RN, and therapists to provide coverage to the medical community that we service.

**WE WORK HARD TO MAINTAIN OUR HIGH STANDARDS!!**

If you have any questions or concerns, please don't hesitate to ask.

Thank you, NurSTAT Recruitment Department



## Fast Cash Referral

\$50 Refer an employee to work with  
NurSTAT and receive \$\$\$

Must work 40 hours to receive referral

## LPN's/RN's

\$50 Bonus after you work 2 shifts

If you get credentials in and work within  
2 weeks



## EMPLOYMENT APPLICATION

### STAFFING EMPLOYMENT

PHONE (570) 287-4650 FAX (570) 714-2923

*We are an **EQUAL OPPORTUNITY EMPLOYER**. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.  
Please advise us if you need accommodations completing this application.*

Date: \_\_\_\_\_ Skill/Position Applied For: \_\_\_\_\_

Full Name: \_\_\_\_\_

Maiden Name/Alias (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

What (2) two shifts are you able to work: 7a-3p 3p-11p 11p-7a other: \_\_\_\_\_

Professional License/Certification#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you maintain licensure from another state? \_\_\_\_\_ No \_\_\_\_\_ Yes/List State: \_\_\_\_\_

I, \_\_\_\_\_, understand it is a policy of NurSTAT to research and confirm all information regarding my license/certification via the proper issuing/governing agency, OIG, EPLS, Megan's Law and any other type of screening that the agency or regulations may require. To the best of my knowledge, the above information is correct and free from any legal implications.

Have you previously or currently have any malpractice claims and/or suits filed against you? \_\_\_\_\_ No \_\_\_\_\_ Yes

Explain: \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have access to transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

How were you referred to NurSTAT? \_\_\_\_\_

If referred by NurSTAT employee, please list name online above.

Next of Kin/Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you capable of performing the activities in the job for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Refer to job description)

EDUCATION	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School			Yes No		
College			Yes No		
Other			Yes No		

## Work Experience

Please list the names of your present and/or previous employers in chronological order with the present or last employer listed first. Account for *all* periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_  
*Name* *Address* *Type of Business*

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Job Title \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_\_\_ Yes \_\_\_\_ No why not? \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

\*\*\*\*\*

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_  
*Name* *Address* *Type of Business*

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Job Title \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_\_\_ Yes \_\_\_\_ No why not? \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

\*\*\*\*\*

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_  
*Name* *Address* *Type of Business*

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_\_\_ Yes \_\_\_\_ No why not? \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

\*\*\*\*\*

Please explain fully all gaps in your employment history more than one month. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? \_\_\_\_ Yes \_\_\_\_ No If Yes, how many times? \_\_\_\_  
Has your employment ever been terminated by mutual agreement? \_\_\_\_ Yes \_\_\_\_ No If Yes, how many times? \_\_\_\_  
Have you ever been given the choice to resign rather than be terminated? \_\_\_\_ Yes \_\_\_\_ No  
If yes, how many times? \_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of *each* occurrence.

## REFERENCES

Name	Occupation	E-mail/Telephone	Number of years known

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize NurSTAT to confirm all statements contained in this application and/or resume as it relates to the position I am applying and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party, agency, or references contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to NurSTAT pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability NurSTAT for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile insurance in an amount equal to the minimum required by the state where I reside.

I understand that NurSTAT has a drug-free workplace and drug and alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to NurSTAT's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with NurSTAT's policies and applicable federal, state, and local laws.

If employed by NurSTAT, I understand and agree that NurSTAT or a party authorized by NurSTAT, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I understand that after meeting all other job prerequisites, and after I am offered a job, employment will be contingent upon the satisfactory outcome of a medical examination and criminal background check.

**I understand that if I am offered employment, I will be working for NurSTAT on its payroll, and employment is based on client requests for staff relief. I have been made aware of the area NurSTAT provides supplemental service to, and that assignments will be offered based on a 60-mile radius and our clients' needs. I understand there is no guarantee of hours.**

*NurSTAT is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, NurSTAT or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of NurSTAT is authorized to enter into an agreement – expressed or implied- with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the President of NurSTAT.*

IF HIRED, I AGREE TO CONFORM THE RULES AND REGULATIONS OF NURSTAT, AND I UNDERSTAND THAT NURSTAT HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

If hired by NurSTAT, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by NurSTAT. I also understand NurSTAT employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

If the applicant is a minor, the forgoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that NurSTAT, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to NurSTAT personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date  
020324km

\_\_\_\_\_  
Date



## Certified Nursing Assistant

### **STATEMENT OF RESPONSIBILITY:**

The Certified Nurse Assistant functions as an integral member of the health team. As such, he/she performs all services under the direct supervision of a registered nurse or designated delegate. The Certified Nurse Assistant will perform all assigned patient care activities and related supportive services to assist the nurses in the provision of total patient care.

### **QUALIFICATIONS:**

- High School graduate or equivalent
- At least 18 years of age
- Minimum of 1 year experience
- Documented satisfactory completion of a Certified Nurse Assistant Training Program and Competency
- Demonstrates dependability, tact and ability to follow instructions
- CPR, as required

### **SPECIFIC QUALIFICATIONS:**

- Ability to read, write, understand and carry out directions or instructions and to keep records
- Ability to function with minimal supervision
- Ability to accurately take and record vital signs
- Ability to use the telephone, possesses good communication skills
- Ability to communicate information concerning a patient's condition clearly
- Ability to move intermittently throughout the work day, inclusive of sitting, standing and bending, pushing or pulling or moving objects and patients
- Ability to relate to and work with various personality styles, ill, disabled and elderly
- Read, write and communicate in English

### **ACCOUNTABILITY:**

- Registered Professional Nurse, Supervising Nurse and/or designated alternate; utilizing facility
- Field Staff Supervisor and/or Coordinator and/or Director of Nursing, NurSTAT

### **DUTIES:**

- Contributes to patients' well-being by providing assistance with personal hygiene, skin care, physical comfort, and care of the patient care unit
- Assists in meeting the patients' emotional, social and spiritual needs, including upholding the patient's rights
- Reports on patients' condition and significant changes through the proper channels
- Keeps and safely returns all clinical supplies and equipment to proper location/department, utilizes aseptic principles and infection prevention measures when handling linens and cleaning equipment such as thermometers, bed pans, urinals and enema equipment
- Functions within the limitations of the individual assignments
- Answers call bells and attends to patient's requests promptly, if unable to perform a certain duty, requests assistance or reports to the nurse immediately
- Respects confidentiality of patient records and problems and treats patients/family with respect and kindness

### **DUTIES CONTINUED:**

- Identifies and reports obvious patient problems, variables, symptoms, behavior changes, and deviations from normal to the appropriate nurse
- Assists patient's in meeting their nutritional requirements ,including feeding the patient as needed
- Assists patients with movement, positioning, ambulation and transportation using principles of body mechanics and patient safety. May utilize footboard, bed cradle, overhead frame, hoyer lift, wheelstretcher, and special mattresses in performing these duties
- Measures and accurately records patients' vital signs, intake and output levels, as designated by the nurse in charge
- Assists with bedpans and urinals, as needed
- Assists in the collection of specimens, including (but not limited to) sputum, urine, stool; empties foley catheter bag and drainage reservoirs as directed
- Performs non-sterile procedures and maintains necessary equipment and supplies as outlines by individual facilities Assists patients' with rehabilitative activities, such as ambulation, ROM, re-motivation, and ADL's as directed by the nurse in charge
- Assumes responsibility for stand-by assistance with specific diagnosis examinations or treatments
- Performs all job related duties as assigned by the supervisor or charge nurse
- Assists patients' in maintaining safety of personal effects during inter-unit transfer or discharge following established procedures
- Assumes responsibility for advanced skills training, continuing education and participation in inservice programs, as assigned by the Director of Recruiting/Staff Retention

### **ACKNOWLEDGMENT:**

I understand that I may be called upon to perform additional duties if the work is similar, related, or a logical assignment to the position. I have read and understand this job description and I agree to perform such duties to the best of my ability.

Employee Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Skills:

EXPERIENCE:	YEARS/AREAS
NURSING HOME	
HOSPITAL	
HOSPICE	

**Criminal History Background Report**

I, \_\_\_\_\_, have been a resident of \_\_\_\_\_ for \_\_\_\_\_ consecutive years.

I, \_\_\_\_\_, swear and affirm that I have not been charged or convicted of any

Employee Name

in Act 169 of 1996 as Amended by Act 13 of 1997 as outlined by the Commonwealth of Pennsylvania. The effective date of the act is July 1, 1998.

➤ **I DO UNDERSTAND** that a PA Criminal Record Check will be requested via PA State Police Criminal History Files.  
**A fee of \$29.00 will be deducted from my first paycheck**

I **DO NOT** currently live out-of-state. \_\_\_\_\_ TRUE \_\_\_\_\_ FALSE

You may be required to obtain an FBI. The office will notify you of such.

**The following information is necessary when processing the background clearance:**

Employee Name (Last, First Middle Initial):				
Maiden/Alias Name:	Birthday:	Social Security #:	Gender:	Race:



**Employee's Withholding Certificate**

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2025****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**  
**Claim**  
**Dependent**  
**and Other**  
**Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$**Step 4**  
**(optional):**  
**Other**  
**Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .

**4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .

**4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . . .

**4(c)** \$**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	. . . . .	<b>2</b>	\$ _____
	• \$22,500 if you're head of household				
	• \$15,000 if you're single or married filing separately				

 . . . . .
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com](http://www.newPA.com)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code





**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
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Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



I, \_\_\_\_\_, understand that per  
(Employee Name)

NurSTAT policy, it is my responsibility, prior to working my first shift, to provide NurSTAT with documentation proving that I have paid my \$52.00 LST Tax for the year. Should I fail to comply with this policy, I further understand that the result will be having this deduction taken from my paycheck.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## WORKERS COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and casually related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on our employer's premises. If you are faced with a medical emergency, you may secure assistance from a hospital or physician/health care provider of your choice. However, once the emergency no longer exists, the injured employee must treat with a listed provider for the remainder of the ninety (90) day period.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and that treatment will be paid for by your employer. If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of the first visit. This treatment will be paid for by your employer, unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

**I hereby acknowledge that I have been informed of and understand my rights and duties under the Pennsylvania Workers' Compensation Act as set forth herein.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NurSTAT Representative Signature

\_\_\_\_\_  
Date



### **HEPATITIS B :**

NurSTAT does not require employees to receive the Hepatitis B series, however, feel it is important for each employee to understand the risks if you choose not to receive the vaccination. I hereby acknowledge that I have received the fact sheet regarding Hepatitis B in my education packet and that I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection.

\_\_\_\_\_ Declination

\_\_\_\_\_ Consent

### **INFLUENZA VACCINATION:**

I have been provided with education information regarding the Influenza Vaccination and understand the vaccination is a positive step towards controlling or eliminating the virus from spreading among the elderly. I have had the opportunity to address any questions or concerns.

\_\_\_\_\_ Declination

\_\_\_\_\_ Consent

### **DRUG FREE GUARANTEE:**

I attest that I am free of drugs that alter or impair my performance as a professional nurse/certified nursing assistant while employed with NurSTAT. I understand and acknowledge NurSTAT's Drug Free/Screening policy. Should this Agency, or contracted facility, request a drug screening be completed, I will willingly do so.

### **Measles, Mumps, Rubella, Varicella Declination**

I understand that due to possible occupational exposure, I may be at risk of acquiring Measles, Mumps, Rubella, and/or Chicken Pox. I have been given the opportunity to be vaccinated at no charge for the immunizations indicated below. However, I am declining currently. I understand that by declining these vaccines, I continue to be at risk of acquiring and transmitting these diseases in the Facility or community. If at any time during my employment I want to be vaccinated, I can receive the appropriate vaccine at no charge by contacting HR.

\_\_\_\_\_ Measles, Mumps, Rubella (MMR) \_\_\_\_\_ Varicella (Chicken Pox)

### **Covid-19 Vaccine**

I understand that NurSTAT recommends that I receive the Covid-19 vaccination to protect myself, patients, staff, and others in a healthcare facility. COVID-19 is a serious contagious virus that can easily spread from person to person. Some infected persons may have severe disease and die. No one knows how COVID-19 may affect them. The consequences of my refusal to be vaccinated could be life threatening for me and the health of everyone with whom I have contact, including my co-workers and all patients in this healthcare facility.

\_\_\_\_\_ Declination

\_\_\_\_\_ Consent

\_\_\_\_\_ I have the Covid-19 Vaccine

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



## REQUEST FOR RELIGIOUS EXCEPTION FOR COVID-19 REQUIREMENT

Government wide policy requires healthcare employees to be vaccinated against COVID-19, with Exceptions only required by law. In certain circumstances, an employee has a religious objection to the COVID-19 vaccination requirement may qualify for an exception from that requirement, in which case the employee would instead comply with the alternative health and safety protocols.

NurSTAT is committed to respecting the important legal protection for religious beliefs.

Several instances are considered in determining whether a request for an exception is based on a sincerely held religious belief. However, no single factor is determinative.

☐ I object to getting the COVID-19 vaccination due to my religious beliefs.

---

Name

---

Date

---

Signature





## POLICY & PROCEDURE MANUAL

This Agency has developed a comprehensive Policy & Procedure Manual to be reviewed with employees prior to hire, and annually thereafter. It is expected that all employees will have an understanding of this Agency's policy & procedures and will follow without hesitation.

Review the following information – your signature and initials will signify complete understanding and agreement.

Policy/Procedure	On-hire Review Date:	Initials:	Annual Review Date:	Initials:	Annual Review Date:	Initials:	Annual Review Date:	Initials:
<b>Scheduling Operations:</b>								
a) Employment Placement								
b) Receiving – Arrival to Assignment								
c) Attendance								
d) Transportation								
e) Facility Cancellation								
<b>Disciplinary Process</b>								
<b>Staff Incidents:</b>								
a) Incident Policy								
b) Lifting Policy								
c) Injury Procedure								
d) Elder Abuse								
e) Emergency Preparedness Policy								
<b>Benefit Program Overview:</b>								
a) Holiday Time								
b) Incentive – Bonus Program								
c) Birthday Program								
d) Vacation Accrual								
Performance Evaluations								







## **ACKNOWLEDGEMENT OF RECEIVING REFERENCE MANUAL**

By signing the “Acknowledgement of Receiving Reference Manual”, an employee agrees that they have read the manual, agree to and understand its terms, agree that I am an at-will employee, agree the Reference Manual is NOT a contract, and agree to the terms of the Reference Manual disclaimer.

I, \_\_\_\_\_, have had the opportunity to review and, if necessary, ask pertinent questions regarding the information contained in NurSTAT’s Reference Manual. I understand that in the event of any unforeseen misfortune to NurSTAT, all accumulated benefits and seniority will be forfeited. NurSTAT is not responsible for any damage incurred.

I understand all policies & procedures are in the office and are available to me (by appointment) for further review.

My signature below indicates my understanding of the enclosed information in the Reference Manual.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NurSTAT Representative

\_\_\_\_\_  
Date



## HIPAA Statement

I, \_\_\_\_\_, have reviewed the attached education regarding the “Health  
Employee Name

Insurance Portability and Accountability Act” of 1996. I understand that I am in a position that may require me to handle patients’ personal information and agree to maintain confidentiality at all costs.

I understand that I may come into contact or have access to confidential information during assignment within a facility, even though I may not be directly involved in providing patient care services. This may include, but not limited to, information that is in printed form, written form, verbally relayed information, computer screen and/or computer disk, e-mail, or voicemail messages.

I understand that, unless directed by the Supervisor/Head Nurse, I will not disclose any information I may have encountered. I will not allow any individual to examine or make copies of any confidential reports, or other documents unless that person has a job-necessitated need to know or is otherwise authorized by law.

I understand that should confidential information need to be discussed with co-workers or other health care professionals; I will use the utmost discretion in assuring that my conversation cannot be overheard by others who do not need to know said information.

All passwords for computer systems or voicemail will remain confidential and will not be released to any individual without the permission of the Supervisor/Head Nurse. I will not allow individuals to view computer screens if they do not have the need to know.

I have reviewed the attached educational information and understand that any violation or breach of confidentiality by myself, whether directly or indirectly, will result in disciplinary action, up to and including termination, depending on the severity of the violation.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# REFERENCE MANUAL

Effective 12/01/04



## **CONFIDENTIALITY**

The Field Staff Reference Manual is confidential and the proprietary information of NurSTAT. The contents of this manual, in part or entirety, may not be reproduced without the written consent of a Corporate Officer of NurSTAT.

## **AT-WILL EMPLOYMENT**

The terms of this Reference Manual are not intended to be a contract for employment or a guarantee of work available, but rather a general statement of this Agency's policy and procedures.

It is noted an employee signature demonstrates the employee recognition of being an at-will employee, and that the employee OR employer has the right to discontinue employment without cause, and recognizes the Reference Manual is not a contract, but rather a tool used to educate the employee on this Agency's set standards.

## **MANUAL REVISION**

NurSTAT reserves the right to make changes to the Reference Manual. All policies are monitored by the Administrator. In her absence, the Field Staff Supervisor will be held responsible.



## **INTRODUCTION**

Founded in 1997, NurSTAT began providing local facilities with much needed RN's, LPN's, and CNA's. Since the beginning, our goal has been to provide qualified professionals to our clients. Our services have expanded to include all Northeastern and Central PA. A second office is also maintained in Tampa, Florida.

NurSTAT provides a wide range of healthcare professionals to client companies needing additional staff to perform healthcare services to its patients.

This Agency considers all employees, both internal and field staff, to be part of a TEAM. As members of a TEAM, we are to offer support and assistance as needed. This includes both in the office and while working in a facility.

## **MISSION AND VISION STATEMENT**

### **Our Mission**

**NurSTAT is a supplemental staff relief agency committed to providing quality patient care and well-respected, dependable staff relief.**

### **Our Vision**

**Through innovative programs and responsible management, NurSTAT endeavors to provide its clients with qualified healthcare personnel.**



## AGENCY ORGANIZATION

### **Kimberley Minsavage, Administrator**

- Handles all aspects of functioning as a professional staff relief agency
- Oversees all administrative personnel
- Community awareness
- Customer Service
- Sets standards for Quality Assurance
- Develops and devises field staff policies
- Accounts Receivable
- Billing Inquiries
- Responsible for developing and maintaining business in all regions.
- Handles all facility concerns and situations.

### **Kathy Faulls, Field Staff Supervisor**

- Supervises all Field Staff Employees
- Schedules LPN's
- Facility Satisfaction
- Employee Disciplinary Action
- Employee Satisfaction
- Supervises On – Call Coordinator
- Assures Quality Assurance

### **Deborah MacLean, Regional Development Manager/Payroll/Billing**

- Develops a recruitment plan with the director of recruitment.
- Schedules CNA's and RN's
- Assures Quality Assurance
- Pay/Billing

### **Kelly Ritsick, Recruiter**

- Recruits all field staff employees.
- Assures employee competence.
- Sets high standards for employees.
- Retention Programs
- Develops a recruitment plan with the regional development manager.
- Assures Quality Assurance

### **Sherry Finogle, HR**

- Handles all credentials
- Files/Maintains Active/Inactive charts
- Helps with all office needs

### **Cheri Banks, On-Call Coordinator**

- Handles all situations after hours 24/7



## **FS1.01: OFFICE HOURS OF OPERATION**

Services are provided to facilities twenty-four (24) hours/day, seven (7) days/week. The office is open Monday-Friday, 9am-5pm. The only exception is the following holidays:

- New Years Day
- Memorial Day
- July 4<sup>th</sup>
- Labor Day
- Thanksgiving Day
- Christmas Day

The On-Call Coordinator is available after hours, holidays and weekends to report an illness or emergency. At no time is the employee to contact a facility. All arrangements are made through the On-Call Coordinator.

## **FS2.01: EQUAL EMPLOYMENT OPPORTUNITY**

Equal Opportunity for Employment has been and continues to be both policy and practice at NurSTAT. Discrimination based on race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable law will not be tolerated. NurSTAT hires and evaluates staff members only based on qualifications, merit, and performance.

## **FS3.01: PERSONNEL FILE POLICY**

Personnel files are the property of NurSTAT and access to the information they contain is restricted. Generally, only management personnel of this Agency (who have a legitimate reason to review information) are allowed to do so. At no time is information released to the public without a signed “Release of Information” form from the employee.

Employees who wish to review their own file should contact the Regional Development Manager. Reviews may take place at a time convenient for both the employee and NurSTAT and will be done only in the confines of the office, with a staff member designated by NurSTAT. The staff member chosen to monitor the review will be a person in management who has knowledge of all personnel file aspects.

Change of employee address and/or phone number must be documented on the “Change of Address” form located in the office. Internal staff members may complete the form for employees, or the form may be mailed and returned to the office once completed.

Authorized agents of the government and/or government regulatory agencies will be granted access to employee personnel file once reason has been established, and once determined just cause to do so.

All health information, Employee Injury (Workers Compensation) information, and Employee Allegation information will be maintained in a separate location. Employee review may still be granted by following the above guidelines.

## FS4.01-04: INITIAL EMPLOYMENT REQUIREMENT

### Application Process:

NurSTAT offers employment to those individuals who have:

- 1) One year's experience in your profession.
- 2) Verification of license/certification is in good standing -
  - a) Via Pennsylvania Department of Health
  - b) Via Office of Inspector General (OIG)
  - c) Via General Service Administration (GSA) which searches the EPLS
- 3) Current CPR, additional credentials (i.e. ACLS, PALS, etc.) if applicable.
- 4) Passed the initial testing.
- 5) Two positive professional references.
- 6) No charges/subsequent conviction(s) of any crimes which prohibit the individual from employment as stated by Act 169 as amended by October 13, 1997.

This Agency relies on the accuracy of information obtained from the application, as well as other data obtained during the interview process. If it is found that any type of misrepresentation or falsification of information has been provided to NurSTAT, the individual will be terminated immediately.

NurSTAT reserves the right to deny employment with an individual who is associated or affiliated with another organization or Agency, which may cause a conflict of interest.

All information is confidential and maintained in the employee personnel file.

## FS5.01-04: HEALTH REQUIREMENTS

### Initial Physical/ Intradermal Tuberculin Skin Test Requirement:

NurSTAT follows the Pennsylvania Department of Health guidelines regarding health requirements.

You are required to provide proof of a physical examination with positive health and a statement of "Free of Communicable Disease" on-hire. The cost of the physical examination is the responsibility of the employee. No shifts will be scheduled until all physical information has been received in this office.

- A baseline TB status shall be obtained for all employees.
- The intradermal tuberculin skin test is to be used whenever skin testing is done. This consists of an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) using a disposable tuberculin syringe.
- The 2-step intradermal tuberculin skin test shall be the method used for initial testing of employees on hire.
  - A 48-hour reading, by an RN or of a higher professional degree, after each injection is required.

#### FIRST TEST

- **If positive**, the person tested shall be considered infected.
- **If negative**, a second test should be administered in 7-10 days from the date read.

#### SECOND TEST

- **If positive**, the person tested shall be previously infected.



- **If negative**, the person is to be classified as uninfected.
- Persons with reactions of  $\geq 10$  mm or persons with symptoms suggestive of TB regardless of the size of the test reaction, shall be referred for further diagnostic studies in accordance with CDC recommendations.
- Reactions shall be recorded in millimeters of induration, even those classified as negative. If no induration is found, '0 mm' is to be recorded.
- Skin test "negative" employees having regular contact of 10 or more hours per week with residents shall have repeat tuberculin skin tests at intervals determined by the risk of transmission in the facility. The CDC protocol for conducting a TB risk assessment in a health care facility shall be used to establish the risk of transmission.
- Repeat skin tests shall be required for tuberculin-negative employees and residents after any suspected exposure to a documented case of active TB.
- If there is documentation of a previous positive skin reaction, or in the event the employee may not receive the intradermal tuberculin skin test, a Chest X-Ray with normal results is required within the past 12 months as proof of TB free. If signs and symptoms are present, a chest x-ray is required.
- If an employee's chest X-ray is compatible with active TB, the individual shall be excluded from the workplace until a diagnosis of active TB is ruled out or a diagnosis of active TB is established, and a determination made that the individual is considered to be noninfectious. A statement from a physician stating the individual is noninfectious shall be required.
- New tuberculin positive reactors (converters) and persons with documentation of a previous positive reaction, shall be referred for further diagnostic testing and treatment in accordance with current standards of practice.
- A written report of test results shall be maintained in the medical file of the personnel file for everyone, irrespective of where the test is performed.

**The cost of TB testing is at the expense of the employee. No shifts will be scheduled without the proof of a 2-step Intradermal Tuberculin Skin Test with negative results, or chest x-ray, if applicable.**

It is not mandatory to use the NurSTAT "Physical Examination" form; however, information provided to this Agency must be equivalent to that on our form.

## **FS5.01-04: HEALTH REQUIREMENTS**

### **Annual Physical/ Intradermal Tuberculin Skin Test Requirement:**

A complete physical is required annually. It is not mandatory to use the NurSTAT "Physical Examination" form, however, information provided to this Agency must be equivalent to that on our form. You will be notified, at least 30 days in advance, as to when your physical information is due. Intradermal Tuberculin Skin Test testing is also due annually. If an employee has a positive reading, a Chest X-Ray with normal results is required. Annual documentation is required to show no signs or symptoms of tuberculosis. If signs and symptoms are present, a chest x-ray is required. All annual Intradermal Tuberculin Skin Test testing is due PRIOR to the annual due date. If you are having difficulty in scheduling an appointment before your due date, you may contact the office for assistance. The Regional Development Manager will be able to schedule an appointment via a medical center (based on your location) at a time convenient for you. All costs incurred are the expense of the employee. If you do not provide an updated physical and/or Intradermal Tuberculin Skin Test/chest x-ray, you will be at risk of having shifts rescheduled until you provide required documentation.

ANY employee who develops signs & symptoms of a communicable disease (OR PA. Reportable Disease) while employed with NurSTAT must report it immediately to the Field Staff Supervisor. Employees will be placed on appropriate NON-PAID leave of absence. A physician's release allowing employee to return to regular duties will be required PRIOR to scheduling employee.

A complete listing of Pennsylvania Reportable Diseases is in the office for your review and is also available in the Education Packet distributed on hire and annually.

All health information is confidential and maintained in the employee medical file.

#### **Drug Screening:**

NurSTAT is committed to maintaining an alcohol/drug free workplace. It is our policy for field staff to have alcohol/drug testing if it is required by a contracted facility, if there is cause to believe an employee is utilizing drugs and/or alcohol, in an event of an on-the-job injury, and/or randomly to ensure alcohol/drug free employees.

NurSTAT may require employees to complete a drug screening process on-hire, which will consist of a Panel 5 testing (tests for 5 base narcotics). Depending on circumstance, this Agency may extend the drug screening to include a Panel 11 (which tests for 11 narcotics) and a BAC blood test (Blood Alcohol Content). You will be notified as to the reason for the drug screening. You have the right to refuse any drug screening this Agency requires. Please be aware that should you refuse, documentation of refusal will be completed and NurSTAT may not be able to continue scheduling shifts, disciplinary action and/or immediate termination may apply.

NurSTAT has a “No Tolerance” policy on drug and/or alcohol offenders. This includes, but is not limited to, alcohol and/or drug use while on duty, possession, manufacturing, selling, or distributing. Any employee who violates NurSTAT’s Drug Free policy will be subject to immediate termination. Employees may be eligible for re-hire if the employee can show documented proof of rehabilitation through an acknowledged Rehab. Program. If re-hired, the employee must agree to random drug and/or alcohol testing, to be done at NurSTAT’s discretion. **BAC and Drug screenings, regardless of reason, are at the expense of the employee.**

#### **Clinic Policy:**

Employee/Applicant may utilize a contracted clinic at their expense. Healthcare information is required from employees to maintain active status. Employees may utilize a contracted clinic if they do not have or cannot schedule an appointment within an appropriate time frame with their own physician. The appointment will be made by the Regional Development Manager and payment will be made to the clinic at the time of the appointment. NurSTAT will forward bill to home should employee/applicant resign prior to payment in full.

#### **Influenza Vaccination:**

Recommended to all current field staff. Review education material provided by NurSTAT – cost is at the employee expense, acceptance or declination form is required to be completed each year, with documentation follow-up from employee (s) who proceeds with vaccine. Form and subsequent documentation kept in personnel file.

## **FS6.01: EDUCATION REQUIREMENTS**

#### **Initial Requirement:**

To ensure all employees are competent in the position for which they have applied, a review of the Education Manual is to be completed on hire. Any questions or concerns regarding the material provided is to be reviewed with the Regional Development Manager.

#### **Annual Requirement:**

This Agency provides annual educational information for all employees to:

1. Maintain current skills for patient care.
2. Provide each employee with current and updated health care information.

It is the responsibility of the employee to complete and satisfy all educational requirements – staff members who are not in compliance are subject to disciplinary action (refer to “Disciplinary Process” policy).

New information will be provided for employees on or before their yearly anniversary date. All information should be reviewed immediately, and questions directed to the Regional Development Manager. Each employee, after complete review, will initial and sign off on a checklist. Employee signature will indicate an understanding of all educational material provided. The checklist will be maintained in the employee personnel file. If an employee attends outside educational programs, it is expected they will provide proof

to this Agency to become part of their personnel file. Any education material NOT provided by NurSTAT will be at the employee's expense.

## **FS7.01: RELEASE OF INFORMATION**

It is the policy of NurSTAT to assist any contractor/Department relations with necessary information pertaining to a NurSTAT employee. Prior to the first facility shift, all credentials, medical information and state law information will be forwarded to the requesting facility (s).

NurSTAT will comply with all Local, State and Federal Bureau's requesting pertinent information regarding an employee. Authorized agents of same will be granted access to personnel files when investigating said employee. Access may include, but not limited to, an employee payrate, personnel file information, history of employee, etc.

**UNDER NO CIRCUMSTANCES WILL NURSTAT RELEASE INFORMATION REGARDING AN EMPLOYEE TO PRIVATE CITIZENS.**

## **FS8.01: DRESS CODE**

All employees are expected to dress appropriately, not only to present a professional image, but to help to ensure a clean infection-free environment.

1. Nursing uniforms/scrubs are mandatory – they should be clean and neatly pressed and should be acceptable within the facility.
2. The pant hemline should be ankle length. If wearing skirts, they are to be no shorter than knee length. Nylons/tights must be worn with dress/skirts.
3. All attire worn must be loose fitting to allow free movement.
4. NO sweats, denim, shorts or T-shirts are to be worn. NurSTAT logo wear is acceptable if permitted by the facility in which you are staffing.
5. Undergarments (i.e. bra, underwear, socks) MUST always be worn and should not be visible (i.e. no black bra with white scrub top).
6. Shoes must have enclosed toes - to prevent falls, we suggest non-skid soles. Clean shoes are an absolute MUST.
7. Lab jackets are acceptable if they are neatly pressed, allow free movement and are in good taste.
8. Cardigan sweaters (in a single, conservative color) worn over your nursing uniform is acceptable.
9. NurSTAT ID badge is to be always worn AND visible (unless the facility requires you to wear their own ID badge). If you lose your badge, we expect you to present it to the office for a replacement badge.
10. Hair is to be pulled back away from your face. Men are to be ALWAYS clean shaven.
11. Fingernails are to be kept clean and trimmed to a reasonable length to minimize injury to the patient and to avoid the transmission of infection.
12. While on duty, visual piercing is limited to the ears only. Jewelry is worn sparingly, no dangling or hoop earrings. Only a watch and wedding/engagement ring(s) is allowed.
13. Perfume should not be worn. What may smell good to you may be offensive to others.
14. All employees are expected to function within the Agency's established policies and procedures.

## **FS9.01: CODE OF ETHICS**

It is the policy of NurSTAT that all employees follow the highest standard of ethics and loyalty.

1. Maintain a calm and reassuring attitude when dealing with patients and other people.
2. Foul language or slang is inappropriate in the workplace – this also includes the breakroom, “designated smoking areas”, etc. This applies when communicating with patients, peers or supervisors.
3. Be considerate and courteous when dealing with patients, their families, co-workers, and supervisors.

4. Employees are expected to wear their ID badge, and it must always be visible. You **MUST** also carry your wallet size nursing identification (license/certificate) and a picture ID. RN/LPNs are also expected to carry any pertinent certifications (i.e. CPR, ACLS).
5. Treat patients with respect, recognize their need for privacy of both person and property.
6. Ensure patient confidentiality with respect to the patient's condition, history, and behavior.
7. Arrive at and leave assignments at designated times.
8. Do not accept gratuities from patients or their families. NurSTAT staff members will not assume control of the financial or personal affairs, or both, of the patient or of his/her estate including power of attorney, conservatorship, or guardianship.
9. Be always tactful in manner and attitude.
10. Personal problems, religious or political beliefs are **NOT** to be discussed with any patient or facility staff member.
11. No alcoholic beverage, narcotic and/or any other drug use will be tolerated for any purpose, other than medical (with the written consent from physician) prior to a shift or while on duty.
12. Employee (s) will not reside with the patient, in either the patient's or staff member's residence.
13. Use of cell phone and/or beeper is limited to designated break time **ONLY**. At no time is a staff member to leave the nursing unit to use the phone or answer a page. The phone on the nursing unit is not to be used – if you need to make a call, wait until your scheduled break and ask where the facility pay phone is located.
14. At no time are employees to solicit or distribute goods in a facility.
15. Attending outside facility functions is not prohibited, however, employees must realize that they are on their own time and NurSTAT is not liable for the employees' conduct. Employees are expected to maintain a professional demeanor while attending any facility function.
16. No employee will be allowed visitors at the facility in which you are staffed. If you rely on someone for transportation to/from the facility, it is expected the individual will wait in their car until your shift has ended.
17. NurSTAT has, on occasion, events for employees to attend. "Events" may be considered, but not limited to, Christmas party, golf tournament, picnics, etc. While attending an event is not mandatory, it is expected those who do attend will behave in a manner consistent with company policies and procedures. NurSTAT is not liable for transportation to/from an event, nor liable for any incident that may occur during/after the event.

## **FS10.01-05: SCHEDULING OPERATIONS**

### **Employment Placement:**

When considering the resources extended by NurSTAT in recruiting, training and retaining qualified staff, this Agency reserves the right to prohibit placement within a contracted facility for 180 days after the last shift scheduled.

If the Field Staff Member accepts the responsibility of scheduled shift (s) or assignment (s) at a facility in which NurSTAT is contracted, this limits their ability to seek employment (in the same capacity) by such facility for a period of 180 days after the last scheduled shift.

If the staff member violates the above policy, the staff member will be held responsible and shall immediately pay NurSTAT three thousand dollars (\$3,000) as damages, plus all attorney's fees and costs incurred in the collection of such liquidated damages.

### **Receiving Assignment:**

1. While this Agency will attempt to schedule each staff member's requested shifts, standard work schedules **are not a guarantee**. The number of hours worked depends on two factors; the first is the flexibility of the staff members; and the second is the availability of shifts from our clients. At times, scheduling shifts is done on a last-minute basis and field staff are encouraged to accept and complete those last-minute needs as it ensures our clients' nursing needs are being met.
2. Report your available days and shifts **AS FAR IN ADVANCE** as possible. To report your availability, it is your responsibility to contact the Field Staff Supervisor via phone, fax, or direct contact. Weekday shifts are considered Sunday 11pm through Friday 11pm. Weekend shifts are considered Friday 11pm through Sunday 11pm.

3. Once you have reported your availability, it is expected you will be able to work the availability dates you have requested. If your dates of availability change, you **MUST** notify the Field Staff Supervisor immediately.
4. It is the responsibility of the Field Staff Supervisor to report your availability dates to the facilities we service, confirm dates with them, and follow-up with yourself. The Field Staff Supervisor will follow up by contacting you via phone, pager or by direct contact. It is the responsibility of the field staff employee to return every phone call placed by this agency as shifts are scheduled on a “first come, first served basis”. No response from a field staff member may be subject to disciplinary action, including termination.
5. Once a confirmation has been obtained from the facility, you are committed to that assignment. Failure to do so could result in disciplinary action (refer to “Disciplinary Process” policy).
6. If you have questions or concerns regarding receiving your assignment, you are to contact the Field Staff Supervisor. The Field Staff Supervisor will attempt to resolve any issues you may have.
7. If you receive assignments through the facility, you are being staffed, you must contact the Field Staff Supervisor or On-Call Coordinator immediately for approval.
8. It is imperative that you **DO NOT** discuss facilities in which you are staffed with any other staffing agency, another facility, or their staff members. No facility should be discussed while on duty! This is a breach of confidentiality and violates established HIPPA guidelines.

#### **Arrival To Your Assignment:**

1. Field Staff should arrive **AT LEAST** 10 minutes prior to the start of your scheduled shift.
2. Introduce yourself to the appropriate person, ask exactly what your assignment is, and where you will be stationed.
3. You are expected to always keep busy, and offer your assistance to other staff members, whether they are facility staff or other agency personnel. While you are on duty, you are considered part of the shift’s nursing “team”.
4. It is expected employees will follow facility procedure as to scheduled break/mealtime. At no time is an employee to leave assigned floor/unit unless it is a scheduled break/mealtime. NurSTAT is not liable for any incidents that may occur during break/mealtime, whether you are on or off facility campus.
5. Be always professional – you are representing yourself as well as NurSTAT.
6. If you are asked to stay longer at a facility longer than your scheduled shift, you must contact the Field Staff Supervisor or On-Call Coordinator.

#### **Attendance:**

Regular and on-time attendance is an essential function of every Field Staff member.

1. Excessive absenteeism, cancellation of scheduled shifts and tardiness are not only inconvenient to the facility and NurSTAT, but also cause an interruption of care to patients and, for those reasons, will not be tolerated. Attendance issues are considered, but not limited to:
  - a. **90-day probationary period** - no employee should miss a scheduled shift during the 90 probationary period.
  - b. **After a 90-day probationary period** – excessive call-offs/tardiness; inexcusable absences; not providing adequate notice for call-off; repeated, constant call-offs in which a pattern is noticed (i.e. weekend shifts).
2. If you need to cancel a shift you **MUST** speak with the Field Staff Supervisor directly. If she is unavailable, another internal staff member will assist you. **DO NOT CONTACT the facility directly. NurSTAT will act as the liason between employee and facility.** Absolutely NO call-off will be accepted via voicemail.
3. An 8-hour advance notice of cancellation is expected. The only exception is an emergency in which you have no control over – documentation of such an emergency is expected immediately (i.e. admission to hospital, ER, etc.).

4. Weather cancellations are inexcusable. Certain facilities will provide transportation, while the option of a cab, provided by NurSTAT, is also available. Refer to the “Transportation Service” policy for guidelines.
5. A physician’s excuse is recommended when you cancel a shift due to illness. This excuse will be faxed to the facility in which you were staffed to provide proof of illness.
6. Cancellation of a shift due to a viewing/funeral is only acceptable with the obituary write-up.
7. Tardiness/Leaving early is not excusable. If you leave early or arrive late to a scheduled shift (without prior approval), your pay rate may be dropped to the base rate (for your discipline) for that scheduled shift.
8. No Call/No Show will not be tolerated and is grounds for immediate termination.
9. If you call-off on a scheduled shift, NurSTAT reserves the right to drop your pay rate to the base rate (for your discipline) on your next scheduled shift.

**Transportation for Employee:**

1. Transportation may be provided by this Agency in an emergency. An emergency is defined as “any situation that is unexpected and could result in the cancellation of a client contract”. This includes replacing a field staff member’s shift due to call-offs, weather, car problems, etc.
2. Approval must first be received from the Field Staff Supervisor. There are no exceptions.

**Patient/Resident Transportation:**

1. NurSTAT prohibits employees from transporting patients/resident independently. This includes during work hours and off duty. If an employee disregards this Agency’s policy, NurSTAT will assume no responsibility in the event of an accident/injury.
2. If an employee is scheduled in a facility and is requested to accompany a patient/resident to an appointment, it is acceptable ONLY if the facility is providing the transportation, and if the facility approves overtime should that be an issue.

**Facility Cancellation:**

It is a NurSTAT policy to notify Field Staff Members of cancellation at least 2 hours prior to the start of a scheduled shift should a facility cancel. Your Field Staff Supervisor has the responsibility to ensure shifts are confirmed before you arrive at the facility.

In the instance where you arrive at the designated facility and you are NOT on the facility’s schedule, you MUST call the office/On-Call Coordinator immediately. At that point, the following steps will be taken:

- a. The Field Staff Supervisor or On-Call Coordinator will need to speak with the Supervisor to discuss the schedule. They will request you stay at the facility since the shift was confirmed in advance.
- b. If the Supervisor still wants to send you away, the Field Staff Supervisor/On-Call Coordinator will offer you another shift at a different facility, if available. Should you refuse to go to another facility (NurSTAT will offer work within the boundaries established on hire), you WILL NOT be reimbursed for any of the cancelled shifts.

Whether you accept/refuse another shift, a timeslip MUST be signed by Supervisor for the cancelled shift and you must document who you spoke with at NurSTAT – this must be handed into NurSTAT prior to the end of the pay week or cancellation pay will be withheld.

In the instance that you arrive at a facility and were not notified of cancellation (whether fault of Agency or facility) and NurSTAT does not have another shift for you to go to, you will be reimbursed for ¼ of the original shift scheduled (this is done to compensate for any travel time you may have incurred).

If the situation arises in which a facility has cancelled a shift in advance and the Field Staff Supervisor/On-Call Coordinator was unable to reach you, NurSTAT WILL NOT reimburse for loss of shift. It is the Field Staff Member's responsibility to return phone calls to the office to make sure there are no changes to their schedule.

## **FS11.01: DISCIPLINARY PROCESS**

NurSTAT expects all employees to conduct themselves as outlined, but not limited to, the "Dress Code" policy, "Code of Conduct" policy and "Attendance" policy.

1. Verbal Warning – will be done by a member of NurSTAT Administration – this is the first step to NurSTAT's termination process, verbal counseling serves as a warning to correct negative behaviors.
2. Written Warning/Suspension of shifts – this is the second step to NurSTAT's termination process, written warning/counseling will be completed.
3. Termination – Once all the above steps have been taken, and disciplinary concerns are still an issue, you will be terminated. You will be notified by direct contact with a member of NurSTAT Administration, and your termination will be followed by letter.

All disciplinary actions will be documented and placed in the employee personnel file.

## **FS12.01-06: STAFF INCIDENTS**

### **Incident Reporting:**

The "Employee Incident Report" form should be completed for ANY incident that involves an employee. This includes, but not limited to, employee injury, medication error, property damage, employee insubordination, patient abandonment, and alleged patient abuse. The "Employee Incident Report" is to be completed within 48 hours of incident.

Form can be completed by employee in the office or mailed/faxed to employee for completion. Once the employee has documented the incident, the form is to be returned to the appropriate NurSTAT Administrative Staff Member for their review and follow-up.

If a Field Staff Member has corrective action done at a facility it must be reported to NurSTAT immediately after completed shift.

### **Lifting Policy:**

It is NurSTAT's intention that ALL Field Staff Members, as well as the patients we serve, are safe and free from potential harm. NurSTAT expects all Field Staff to follow facility guidelines pertaining to lifting procedures – this policy is in conjunction with those facility policies established.

- 1) Check the patient's flow chart (i.e. "mini" chart) before lifting. If the patient requires more than one assist, or requires a mechanical lift, make sure you do exactly what is stated on the flow chart.
- 2) Even when pushed for time (or "short" staffed), take a moment to seek help if more than one assist is required. Failure to get assistance is considered negligence on behalf of the staff member.
- 3) If you seek assistance and it is not given, please make sure the patient is safe and call NurSTAT immediately. Allow a NurSTAT representative to assist you via phone by speaking with the Nursing Supervisor directly.

## FS12.01-06: STAFF INCIDENTS

- 4) If you injure yourself due to negligence, NurSTAT will follow-up by obtaining the following information:
  - a) An Incident Report is required (as stated in the “Injury” policy). If you do NOT complete the Incident Report required by NurSTAT, the claim can automatically be denied.
  - b) Documentation will be forwarded from the facility in which you were injured. This documentation will include:
    - 1) A report from the Nursing Supervisor on duty at the time of the injury.
    - 2) A copy of the patients’ flow chart describing what type of assistance is required, and a statement on whether you followed the proper procedure.
    - 3) A statement from a witness who observed the injury.
- 5) If facility is a “No LIFT” facility, and the employee fails to follow their guidelines regarding lifting procedures, the Worker’s Compensation claim can automatically be denied due to negligence on the employee’s behalf. **All facilities which have a “No Lift” policy are available to review in the office PRIOR to being assigned for shifts.**

### **Injury Procedure:**

Injuries are covered by Workers Compensation to protect workers for LEGITIMATE, ON-THE-JOB injuries. NurSTAT and its contracted facilities continue to strive for an injury-free environment, however, should an injury occur, it must be reported to NurSTAT as soon as possible.

The following guidelines have been established:

- 1) If you are injured while performing your assigned responsibilities, you (the employee) are to notify NurSTAT **IMMEDIATELY**, unless incapacitated. Currently, you need to describe the incident and answer a few questions. All information that you describe will be documented in a Telephone Incident Report.
- 2) You may be required to submit to a Panel 11 (11 narcotic test) drug screening test and/or a BAC test within the hour (Blood Alcohol Content). You have the right to refuse, however, disciplinary action may be taken. If positive results are found, the claim can be denied and any costs incurred will be your responsibility. Refer to the “Drug Testing” policy.
- 3) NurSTAT will instruct you on what action to take and where to seek treatment, if needed:
  - a. Staff members who have sustained an injury that requires immediate medical care will be sent/transported to the nearest acute care facility.
  - b. Staff members who have sustained an injury that does not require immediate medical care must see a panel physician as soon as possible after the injury has occurred.
- 4) To discuss a submitted claim, you must speak with the Payroll Coordinator during business hours. He is the contact person between you and the Workers Compensation Company.
- 5) Any incident must be reported by an employee within 120 days of the incident.
- 6) To ensure appropriate and complete coverage is provided, an Incident Report must be completed by the employee. This will be submitted to the insurance company once an injury has been reported.
- 7) If a staff member is ordered, by a physician, not to work while recovering from the injury, a medical release for the staff member to return to work must be obtained. Employees should be released to full duty.

### **Elder Abuse Investigation:**



It is the policy of NurSTAT that every patient, in every client facility of NurSTAT shall be treated with respect, dignity, consideration and individuality.

1. Every complaint or allegation of patient abuse must be reported to the Supervisor of the facility in which you are staffed immediately. Each report must be handled discreetly, and no discussion of this incident should ever occur between you and your co-workers without the express permission of the facility Supervisor.
2. Immediately after reporting the incident to your supervisor, you must call NurSTAT to inform us of the incident, what occurred during the incident, any witnesses to the incident, the time the incident occurred and the name of the Supervisor to whom you reported the incident. We will contact the facility Supervisor to assist them in any way possible. You may be required to answer questions by NurSTAT and/or the facility Supervisor or Administration. All correspondence must go through NurSTAT.
3. At the time the alleged abuse is reported, and the facility supervisor concludes that the abuse may have occurred, the following procedure will be followed:
  - A. The abuse suspect will be informed of the allegation and will be interviewed by the facility designee (Supervisor, Director of Nursing and/or Administrator).
  - B. After being interviewed by the facility designee, the suspect will be sent home from the facility. The suspect will be cautioned not to discuss the alleged incident with co-workers, family members and patients.
  - C. During questioning, the individual(s) implicated are informed that the facility is required to report the allegation and submit a written report of the investigation, regardless of the outcome, to the Department of Health Field Office. The suspect will be required to submit a written statement (which may be completed before leaving the facility, or after, depending on facility policy) to the facility Administrator or designee.
  - D. After the suspect has left the facility, the facility supervisor will discuss the conversation and investigation with NurSTAT. It is our policy to assist the facility in any way possible. Therefore, NurSTAT will supply the facility with any required information. This may include, but is not limited to: name, address, additional statement (s), license number, phone number, social security number and date of birth.
  - E. The individual (s) accused will also be required to review NurSTAT's policy on Elder Abuse and also the Residents' Bill of Rights. This information will be forwarded to the facility if requested.
  - F. The patients' family and/or legal representative will be notified of the alleged incident by the facility designee.

A review by the facility Administrator, Director of Nursing (or designee) will occur as soon as possible. The facility staff will ensure that proper reporting and response procedures have been followed and that appropriate action will be taken. Upon completion of the investigation, the Administrator or designee will take any and all appropriate actions. If the facility Administrator is not convinced that there is just cause for disciplinary actions, the facility Administrator or designee will immediately notify NurSTAT and the suspect. If disciplinary actions are justified, the facility Administrator or designee will notify NurSTAT and in turn, NurSTAT will provide a replacement for the suspect's remaining scheduled shifts, depending on availability. The accused may not be assigned to the facility in the future.

**NurSTAT reserves the right to suspend and/or terminate any employee found guilty of patient abuse, regardless of the investigation outcome, immediately.**

**Emergency Preparedness Plan:** An "emergency is defined as any disaster (i.e. flood) or unforeseen devastation to community. If an emergency occurs, it is the responsibility of NurSTAT employees to contact the office via phone, direct contact, and/or fax, regardless of if scheduled to work or not. In the event direct lines of communication have failed, it is the employee's responsibility to attempt other means of communication. The employee must continue to make every effort to contact the office and/or On-Call Coordinator.

Based on the nature of this company, where caring for lives is our passion and business, it is expected that in the event of such an emergency described above, employee who is NOT directly affected by the situation will be available to staff shifts/give assistance to those facilities directly affected.

**Prevention of Medication Errors:** A medication error is described as any omission of a medication, neglecting to give medication or distributing improper medication to patient. Once an error is noted, you will be required to complete the “Prevention of Medical Errors” testing provided by the National Educational Video, Inc. Discussion will also be held to review the proper medication pass procedure (s) of the facility in which the error was noted. If you fail the med error testing, you will be required to re-test.

In the instance a staff member has more than two medication errors within a two-week timeframe, they will be required to report to the office and complete the National League of Nursing “Medication Pass” testing which is done on-line. All shifts will be cancelled until the test is taken and the employee has passed. If you fail the NLN testing, you will be able to re-test after a two-week waiting period as per National League of Nursing policy. No shifts will be worked until the NLN test has been passed.

If a staff member has passed all testing required by NurSTAT, and continues to have medication errors, this Agency reserves the right to terminate employment based on a decision to ensure safety to all patients which we service.

## **FS13.01-07: BENEFIT PROGRAM OVERVIEW**

1. Workers Compensation – covers the employee in the event of a work-related injury. The cost is paid by NurSTAT.
2. Malpractice – Protects the professional employee who is providing patient care. The cost is paid by NurSTAT.
3. Social Security – provides for retirement, disability, survivor benefits, and Medicare. The employee and NurSTAT pay equal amounts.
4. Family/Medical Leave – any leave is unpaid - **refer to existing policies.**
5. Vacation – **refer to existing policy.**
6. Holiday pay – **refer to existing policy for observed holidays and guidelines.**
7. Birthday Bonus – **Refer to existing policy.**

NurSTAT reserves the right to make amendments to the above benefit program outline based on the business provided by contracted clients. Employees will be notified 30 days prior to any changes that may occur.

In the event of any unforeseen misfortune to NurSTAT, all accumulated benefits and seniority will be forfeited and NurSTAT will not be held accountable.

### **Holiday Time:**

To date, NurSTAT does not require our Field Staff to work holidays. However, we reserve the right to change this policy as the needs of our contracted facilities change. Although you are not required to work on a holiday, review the instructions below when claiming holiday pay:

1. Holidays recognized by NurSTAT are as follows:
  - New Years Day
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving Day
  - Christmas Day
2. If you work on a holiday, you will be paid at 1 ½ times your rate for that shift and facility, unless facility contract differs, whereas employee notification is mandatory.
3. Recognized holiday time starts at 11pm on the eve of the holiday and ends at 11pm the day of the holiday. Additional time may be granted depending on the facility.
4. It is your responsibility to let the Field Staff Supervisor know if you are available for the holiday and for what shift. You must, as always, let your supervisor know as soon as possible so a shift may be secured in your name.

5. Once you agree to a shift, we expect you to keep the assignment. If you fail to keep your assignment, NurSTAT reserves the right to reduce your salary to the base rate (for your discipline) on your next scheduled shift. The ONLY exception is a death in your immediate family or hospitalization (we require proof).
6. If a work week includes a holiday and worked by the employee, the holiday will be paid at overtime.

#### **Incentive/Bonus Program:**

We are always striving to offer incentive programs which provide an added “interest” in maintaining employment with NurSTAT. Due to the nature of the business, incentives and bonuses offered are continuously changed to remain competitive with other similar institutions. A complete listing of all incentives is available in the office and may be distributed with weekly paychecks.

### **NO INCENTIVE/BONUS WILL BE REDEEMABLE WITHOUT ALL EMPLOYEE CREDENTIALS UP TO DATE**

#### **Birthday Bonus:**

1. A Field Staff employee is considered eligible for the Birthday Bonus if:
  - a. The Field Staff employee has completed the 90-day probationary period; and
  - b. The Field Staff employee CONSISTENTLY works a minimum of three full shifts (7.5hrs/day) per week.
2. Eligible employees will be mailed the birthday gift certificate. The Field Staff employee has the option of taking their birthday off paid; or working the day and receiving the bonus amount as “extra” in their paycheck.
3. The employee has the responsibility of informing the Field Staff Supervisor if they will take the day off or work/paid extra. Shifts will not be cancelled due to birthday request; you must inform your supervisor 30 days ahead of time.
4. It is the responsibility of the Field Staff employee to return the Birthday Gift Certificate with their time slip the week during which their birthday falls. Birthday certificate must return to the Payroll Coordinator for processing. **NO BIRTHDAY BONUS IS PAID WITHOUT THE ACTUAL CARD.** If the Field Staff employee fails to submit the card on the week of their birthday, NO BONUS will be granted until the following year.
5. The Birthday Bonus is paid at the base salary of each discipline. The Birthday Bonus is worth 7.5hrs. pay. It cannot be taken in increments and must be taken on the day of your birthday, NO EXCEPTIONS.

#### **Vacation Time:**

1. Vacation accrual starts with the first shift an employee works.
2. Vacation hours are earned by accumulating 900 hours within a six-month timeframe. The hours are pulled every January 1<sup>st</sup> and July 1<sup>st</sup>. If you have reached 900 hours by the date the hours are calculated, you will earn two vacation days for that six-month timeframe.
3. You will receive notification via mail if you have accumulated enough hours for vacation time. You must speak with the Payroll Coordinator when you wish to use your vacation time. Vacation time must be used one year from the date given.
4. “Rolling over” vacation time is not permitted. If you do not use it within one year, you will lose your time. **VACATION TIME CANNOT BE CASHED IN ONCE THE TIME HAS EXPIRED.**
5. Vacation time must be taken while you are an active employee. If you resign or are discharged, your vacation time will not be reimbursed. Should you schedule a vacation and resign before the actual days you are scheduled off, your vacation days WILL NOT be reimbursed.
6. Vacation time must be scheduled at least 30 days prior to the date (s) you are requesting off.
7. Each vacation day is 7.5 hours and will be reimbursed at the base rate of each discipline – you must take the entire vacation day, increments of time are not allowed.
8. Shifts will not be cancelled to accommodate a vacation day; nor will re-scheduling be allowed to grant a vacation request.
9. Field Staff have the option of working a 40-hour week and still submitting vacation time during the same pay week. The vacation day (s) will be added into your paycheck.

## **FS14.01: EMPLOYEE PERFORMANCE EVALUATIONS**

### **90 – Day Probationary Period:**

During the employees' 90-day probationary period, it is imperative to maintain perfect attendance. After the probationary period, the Regional Development Manager will forward the "Employee Performance" evaluation form to the facility in which you have worked the most hours.

Once the evaluation is returned, it will be reviewed first with the Field Staff Supervisor and any negative comments/concerns will be addressed with the facility supervisor first. The evaluation will then be reviewed by the employee. Any concerns noted by the employee will be addressed to the appropriate person.

**YOU WILL NOT RECEIVE A PAYRATE INCREASE AFTER THE 90-DAY PROBATIONARY PERIOD EVALUATION.**

During this probationary period, employment may be terminated by either party because of lack of adjustment or compatibility.

### **Annual Evaluation:**

The employees' annual evaluation process is the same as the 90-day probationary evaluation. However, unlike the initial evaluation, the annual evaluation will result in the employee being entitled to a bonus, the amount will depend ENTIRELY on the employee evaluation and total hours worked.

All completed evaluation information will be retained in the employee personnel file.

## **FS15.01-07: PAYROLL ISSUES**

### **Determination of Payrate:**

Staff relief is all a matter of supply and demand. Each facility has its own individual contract which is the main focus when determining that facility payrate. During contract negotiations, a payrate may increase, remain the same or may decrease, depending on their need ("supply and demand").

Payrate range varies depending on area/region. Your payrate will not start lower than the base rate determined by your discipline. You may receive a higher payrate for working a weekend shift, or depending on facility contract, may receive pay differential for working a double (15 consecutive hours) during the course of a weekend. The pay differential for working a double is currently only available to the Certified Nursing Assistants, please speak with the Payroll Coordinator to determine which facility will reimburse the double week-end shift.

**All pay rates may be received by speaking with the Regional Development Manager or Payroll Coordinator.**

### **Timeslips:**

The NurSTAT work week begins with the 1<sup>st</sup> shift on Monday and ends with 3<sup>rd</sup> shift on Sunday. Our time slips are set up to reflect the work week. Use one time slip per facility/per week. All time slips are to be turned into the office NO LATER THAN Tuesday at 9am. **This also includes faxed time slips – if you decide to fax your time slip, you MUST mail the original to the office immediately.** Paycheck will not be mailed/distributed on Friday unless the original time slip has been received.

If you decide to fax your timeslip, you are responsible to call the office to verify the fax was received. The Payroll Coordinator is not responsible if you fail to call and the fax was not received. Your paycheck will not be processed until the following week.

Time slips must be completed in the following manner (see attached):

- a) Facility Name
- b) Employee Name

- c) Date shift was worked
- d) Time shift started, circle AM or PM
- e) Time shift ended, circle AM or PM
- f) Time off for lunch, etc
- g) Total hours worked that day
- h) Specify OT, Holiday, Unit worked, Charge or Supervisor
- i) Signature of supervisor at facility or facility representative
- j) Week ending date – this will be Sunday's date
- k) Total hours worked at facility
- l) Employee signature

Any missing information will hold up processing your paycheck until the following week. Questions regarding your paycheck are to be directed to the Payroll Coordinator ONLY.

### **Payroll:**

Paychecks are available on Friday between the hours of 12 noon and 5pm and will be distributed by the Payroll Coordinator. NurSTAT Administration does not allow internal office staff to hand deliver paychecks to an employee's home or worksite. If you are having someone else pick up your paycheck, they must have a signed note from you allowing the release of your paycheck. All checks not picked up in the office on Friday by 5pm will be placed in the mail, unless the office is notified otherwise.

Occupational Privilege Tax (OPT) is a mandatory annual tax (\$52.00) that is payable every January. **All new hires must provide proof of the deduction if it has already been done by another employer prior to first paycheck – if you do not show proof, NurSTAT will automatically deduct from your first check.** Once annually, the deduction will be completed unless you provide documentation of another employer deduction in that year.

Any question regarding your paycheck is to be directed to the Payroll Coordinator ONLY.

### **Overtime:**

Overtime is "any hours worked over 40 hours within a pay week". Overtime hours must receive PRIOR approval from NurSTAT Administration and the facility in which the overtime is scheduled. Overtime must be noted on the time slip as "OT" by the shift in which the overtime has occurred. A facility supervisor must sign the time slip signifying recognition of overtime.

### **Holiday:**

When working a holiday, designate "holiday" on your time slip for the shift on which the holiday occurs. If a work week includes a holiday and worked by the employee, the holiday will be paid at overtime.

### **Direct Deposit:**

Direct Deposit forms may be received through the Payroll Coordinator. Fill out all information accurately. If the form is not completed accurately, and in its entirety, it will be mailed back to the employee for proper completion. Include a voided check for checking account, a voided deposit slip for a savings account. If not received, the Payroll Coordinator will hold the form until you have provided such information.

Return completed form to the Payroll Coordinator ONLY. All forms are submitted to our payroll processing company on Tuesdays. Once the payroll processing company has received your information, it takes approximately 3 weeks to become active.

Direct deposit money is available in your account on Friday after 12 noon. You need to speak with your bank as to when they post direct deposits to your account.

ANY questions regarding direct deposit are to be directed to the Payroll Coordinator ONLY.

**Payroll Deductions:**

Employees may opt for a payroll deduction for medical insurance, dental insurance, Simple IRA contribution, and/or NurSTAT logo items. Deductions may also be taken for physical, mantoux testing, chest Xray and drug screening, etc. Payroll deductions can be taken weekly, monthly, or in one lump sum, depending on the reason for payroll deduction. Employee MUST sign the "Payroll Deduction" form indicating reason and frequency of deductions. This form will be returned to the Payroll Coordinator.

Any consent to payroll deductions that, by chance, cannot be deducted in full or at all, will be the responsibility of the employee. It will be billed to the employee and payment is expected within 30 days. If payment is not made, the employee will be responsible for magistrate and/or attorney fees, if applicable.

Wage garnishments are also classified as a payroll deduction. These deductions will be taken weekly, and no form needs to be submitted. Refer to the "Wage Garnishment" policy.

**Wage Garnishment:**

By law, NurSTAT has to deduct a legally ordered wage garnishment from an employee's paycheck.

1. NurSTAT will deduct money from employee paychecks when ordered by the IRS, student loans, child support, etc.
2. Deductions will be taken weekly; you do not need to complete the "Payroll Deduction" form.
3. NurSTAT will continue to deduct until an order to stop is received from the institution ordering the wage garnishment.
4. If an employee has a question as to why a wage garnishment is being taken, refer all questions to the Payroll Coordinator.

If an employee has a dispute regarding the garnishment, the employee MUST call the institution responsible for issuing the garnishment. NurSTAT assumes no control over wage garnishments, other than to ensure it is deducted according to state law.

## **FS16.01: REQUEST FOR RELEASE OF INFORMATION**

Complete the "Employee Request for Information" form located in the office. Forms may be mailed to your home if requested. Be specific in your request for information – we cannot "guess" what it is you're requesting! If the "Employee Request for Information" form is not completed in its entirety, it will be returned to you for completion.

Once the request has been made (in writing), NurSTAT Internal Staff have ten (10) business days in which to make this information available to the employee. Requests will be processed in the order in which they are received. Any employee request, once completed, will be placed in your personnel file.

Any information which has been paid for by NurSTAT will NOT be released to the employee. Such information is considered "company property".

## **FS17.01: UNLAWFUL HARASSMENT POLICY**

NurSTAT follows guidelines established by both Title VII and the Pennsylvania Human Relations Act (PHRA). Both laws have specific guidelines that are reinforced by the PHRC (Pennsylvania Human Relations Commission) and NurSTAT Administration.

**Definitions:**

**Sexual Harassment:** Refers to any type of sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; submission to or rejection of such conduct by an individual is used as the basis to maintain employment or employment decisions affecting such individual; an unwanted interference to an individual's work performance or creating an intimidating, hostile or offensive working environment.

**Racial Harassment:** Refers to ethnic slurs or other verbal or physical conduct relating to an individual's protected class which constitutes harassment when the conduct has the purpose or effect of creating a hostile working environment, unreasonably

interfering with an individual's work performance or otherwise adversely affecting an individual's employment opportunities.

1. If an employee feels they are, or have been, harassed by a co-worker, supervisor, or other facility designee, the employee should report incident (s) to NurSTAT Administration immediately.
2. NurSTAT Administration will document incident (s) on the "Grievance" form. If the individual making accusations is a NurSTAT employee, or if they are against a NurSTAT employee, they may be asked to leave premise and not return until situation has been resolved. A supervisor at the facility will be notified of same. In a situation that is deemed as a "hostile" work environment, the employee will be removed from the environment (facility, physician office, clinic, etc.) immediately. The employee will not be returned to assignment until issue has been resolved. Any time off will be unpaid.
3. The incident (s) will be investigated by first contacting the individual who is being accused of harassment. If not a NurSTAT employee, a supervisor will be notified of incident and be asked to speak to staff employee. This individual will be asked to make a statement, on paper, describing their version of the contact made between self and accuser and vice versa.
4. NurSTAT will next contact any individual who may have witnessed the incident (s). A statement describing what was seen and/or heard, will be requested, and used as a tool to determine necessary action.
5. After a review of all statements has been made by NurSTAT Administration (and facility administration, if applicable), disciplinary action may be taken in accordance with NurSTAT established disciplinary process (refer to the "Disciplinary" & "Resignation/Termination" policies). In the event the employee is a facility worker, NurSTAT will make every effort to make sure the facility follows their Harassment Policy, and that appropriate action is taken.
6. In extreme cases, the necessary authorities will be contacted for their assistance and appropriate action.
7. Employee and/or facility will be notified of all harassment disciplinary action taken (if applicable) and subsequent resolution.
8. If the accuser is not satisfied with determination, the incident will be forwarded to the Grievance Committee for their review (refer to "Open Door Grievance Policy").
9. All harassment cases are reviewed and monitored by the Administrator and Field Staff Supervisor.

## **FS18.01: OPEN DOOR GRIEVANCE POLICY**

A grievance is a complaint, a view or opinion pertaining to employment conditions, relationships between an employee and supervisor, or other employees or clients. NurSTAT believes that all Field Staff Members should have the right to file a complaint or "grievance" without the fear of being reprimanded. NurSTAT will attempt to resolve issues as soon as possible, and to the best of our ability. Refer to the following steps when filing a grievance:

1. All Field Staff Members are encouraged to discuss problems/complaints with the appropriate internal staff member immediately.
2. All problems/complaints will be documented on the "Grievance Form". Grievances must be submitted to the Administrator within 30 days of the date in which the problem occurred.

If a Field Staff member has a grievance regarding an internal staff member, the "Grievance Form" should be completed and submitted to the Administrator.

**Refer to "Grievance Policy" in the office for further details.**

## **FS18.01-02: LEAVE OF ABSENCE**

NurSTAT grants unpaid leave of absence at the request of an employee for legal/court appointed reasons, medical reasons, military duty, and for circumstances as defined in the federal Family/ Medical Leave Act (FMLA). Refer to the following:

### **General Leave of Absence –**

An employee may request a leave of absence by contacting the Field Staff Supervisor. The employee will need to complete the “Leave of Absence” form and return to Field Staff Supervisor for approval. Refer to the “Leave of Absence” policy for specific guidelines.

### **Family/Medical Leave of Absence (FMLA) –**

The Family and Medical Leave Act (referred to as “FMLA”) was instituted by the Federal Government in 1993. NurSTAT follows all guidelines as set forth by this Act. This policy is monitored by the Field Staff Supervisor. Refer to the following:

1. The employee is eligible to take up to 12 weeks of unpaid family/medical leave within any 12 month period and be restored to the same or equivalent position upon return from leave when the employee has worked for the company for at least 12 months, AND for at least 1,250 hours within the past 12 months; AND is employed at a work site that has 50 or more employees within a 75 mile radius. The 12-month period will be measured backward over the 12 months immediately preceding the end of the leave taken.
2. Employees must contact the Field Staff Supervisor when requesting a leave of absence. At the time, the employee will be instructed on the appropriate documentation forms needed.
3. Internal staff members are to contact the Administrator when requesting a leave of absence.
4. **Reasons For Leave** – The employee may take family/medical leave for any of the following reasons:
  - a) The birth of a son or daughter and in order to care for such son or daughter.
  - b) The placement of a son or daughter with the employee for adoption or foster care.
  - c) To care for a spouse, son, daughter, or parent (“covered relation”) with a serious health condition; or
  - d) Due to the employee’s own serious health condition that renders him/her unable to perform the functions of the position.

Leave due to reasons “a” or “b” must be completed within the 12-month period beginning on the date of birth or placement. In addition, spouses employed by the Agency who request leave because of reasons “a” or “b” or to care for an ill parent may only take a combined total of 12 weeks leave during any 12-month period.

5. **Notice Of Leave** – If the need for family/medical leave is foreseeable, the employee must give the Agency at least 30 days prior written notice. If this is not possible, notice must be given as soon as practical (within 1 to 2 business days of learning of the need for leave). Failure to provide such notice may be grounds for delay of leave. A “Certificate of Healthcare Provider” form is to be completed by employee.
6. **Medical Certification** – If leave is requested because of the employee’s own or a covered relation’s serious health condition, the employee and the relevant health care provider must supply appropriate medical certification at least 15 days from leave request date. Failure to provide requested medical certification in a timely manner could result in denial of leave until form is provided. The Agency, at its expense, may require an examination by a second health care provider designated by the Agency, if it reasonably doubts the medical certification initially provided. If the second health care provider’s opinion conflicts with the original medical certification, the Agency, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding option. The Agency may require subsequent medical re-certification on a reasonable basis. The “Certificate of Healthcare Provider” form must be submitted by the employee and physician.
7. **Reporting While on Leave** - If leave is taken due to the employee’s own serious health condition or to care for a covered relation, the employee must contact the Agency bi-weekly regarding the status of the condition and of the intention to return to work.
8. **Leave Is Unpaid** – Family/medical leave is unpaid leave, although the employee may be eligible for state disability payments and/or worker’s compensation benefits. Any vacation time must first be substituted for unpaid family/medical leave time.



9. **Medical And Other Benefits** – During an approved family/medical leave, the employee may maintain applicable health benefits, as if actively employed. It is expected the employee will pay health benefits weekly. Health premium must be paid 7 days prior to the first of each month of coverage. Healthcare coverage will cease if premium payment is not made.
10. **Intermittent And Reduced Schedule Leave** – Leave because of a serious health condition, may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours worked per week or workday) if medically necessary. The employees' salary will be reduced to reflect the amount of time worked. In addition, while on an intermittent or reduced schedule leave, the Agency may temporarily transfer the employee to an available alternate position of equivalent pay and benefits which better accommodates the recurring leave.
11. **Returning From Leave** – If leave is taken because of the employee's own serious health condition, medical certification that the employee is fit to resume work is required. A "Fitness for Duty Certification" form must be completed by the employee's physician. Employees failing to provide the required form will not be permitted to resume work until it is provided. \*\*The employee will be reinstated to his/her pre-leave position or an equivalent position in regard to pay, benefits and terms & conditions of employment.
12. **No Work While On Leave** – The taking of another job while on Family/Medical Leave or any other authorized leave of absence is grounds for immediate termination.
13. **State And Local Family And Medical Leave Laws** – Where state or local family and medical leave laws offer more protection or benefits to employees, the protection or benefits provided by such laws will apply.

\*\* There are several exceptions to the obligation to reinstate employees. They are:

1. Certain eligible, administrative or "key" employees (salaried employees within the top 10% in total compensation of all employees within a 75-mile radius) must be afforded leave but need not be reinstated if giving them leave and then reinstating them would cause substantial and grievous economic injury to NurSTAT. The Agency will comply with specified notice requirements to deny reinstatement to a "key" employee.
2. There is no reinstatement obligation when NurSTAT can show that the employee would have lost his/her job during the leave period (i.e. there was an overall reduction in the work force that would have inevitably cost the employee his/her job).
3. If NurSTAT determines that the employee obtained leave through fraudulent means, the employee will lose reinstatement rights.
4. An employee loses reinstatement rights when found to be in violation of pre-established, non-discriminatory, no-moonlighting rule while on leave.
5. There is no reinstatement right where the employee has indicated to NurSTAT that he/she does not intend to return to work.

## FS19.01: DETERMINATION OF ACTIVE VS. INACTIVE STATUS

### Active Employee:

An employee shall be considered active once they have met all initial health requirements, licensure requirements, the employee's personnel file is complete, and the first shift has been worked. An employee will remain active so long as they abide by this Agency's Policies and Procedures.

### Inactive Employee:

Employees must provide this Agency with a two (2) week written notice of resignation. Refer to "Resignation & Discharge" policy. An employee may be terminated and thus considered "Inactive, not eligible for re-hire" if there is justifiable cause to do so (i.e., terminated due to attendance issues).

If an employee has NOT worked a shift (7.5 hr)/week, or an average of 32.50 hours within a thirty (30) day timeframe, he/she will be moved to an "inactive" status. Understand that an employee is NOT required to work the number of hours listed above, however, if working less than requested, you may forfeit from qualifying for certain benefits.

Once an employee has gone from "active" status to "inactive" status, they forfeit any seniority as well as any bonus money owed to them. If an employee desires to change their status from "inactive" to "active", they understand they DO NOT qualify for any sign-on bonus and their annual evaluation date will be the first shift worked as a **new** active staff member.

## FS20.01: RESIGNATION - TERMINATION

### Resignation:

It is expected employees who resign will provide this office with a written 2 (two) week notice. An exit interview will be completed via direct contact or phone by the Field Staff Supervisor. The exit interview may take place any time during the 2-week resignation period. ID badge, any Agency equipment or monies owed will be collected from the employee prior to the release of the employee's final paycheck.

There will be a \$20 charge if an employee fails to return their ID badge. This will be deducted from the employees' last paycheck.

### Termination:

When an area of concern regarding performance, conduct, appearance, or manner of cooperation is observed, disciplinary action is taken in a fair and consistent manner. **Refer to the "Disciplinary Process" policy.**

Circumstances which will warrant dismissal from NurSTAT include, but are not limited to:

- a) Failure to abide by ALL NurSTAT policy & procedures
- b) Theft of patient/NurSTAT property
- c) Falsification of records
- d) Any instance of abuse of patient, family or other NurSTAT personnel
- e) Job abandonment
- f) Conflict of Interest
- g) Use of intoxicants or drugs before, during or after an assignment

Should termination be warranted, the employee will be notified via phone or direct contact and followed by a letter in the mail.

OLDER ADULTS PROTECTIVE SERVICES ACT May 2011

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 Dept. of Aging

*Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)*

Offense Code Prohibitive Offense Description Type/Grading of Conviction

**CC2500 Criminal Homicide Any**

**CC2502A Murder I Any**

**CC2502B Murder II Any**

**CC2502C Murder III Any**

**CC2503 Voluntary Manslaughter Any**

**CC2504 Involuntary Manslaughter Any**

**CC2505 Causing or Aiding Suicide Any**

**CC2506 Drug Delivery Resulting in Death Any**

**CC2702 Aggravated Assault Any**

**CC2901 Kidnapping Any**

**CC2902 Unlawful Restraint Any**

**CC3121 Rape Any**

**CC3122.1 Statutory Sexual Assault Any**

**CC3123 Involuntary Deviate Sexual Intercourse Any**

**CC3124.1 Sexual Assault Any**

**CC3125 Aggravated Indecent Assault Any**

**CC3126 Indecent Assault Any**

**CC3127 Indecent Exposure Any**

**CC3301 Arson and Related Offenses Any**

**CC3502 Burglary Any**

**CC3701 Robbery Any**

**CC3901 Theft**

**CC3921 Theft By Unlawful Taking**

**CC3922 Theft By Deception**

**CC3923 Theft By Extortion**

**CC3924 Theft By Property Lost Any**

**CC3925 Receiving Stolen Property ONE (1) FELONY**

**CC3926 Theft of Services Or**

**CC3927 Theft By Failure to Deposit TWO (2)**

**CC3928 Unauthorized Use of a Motor Vehicle MISDEMEANORS**

**CC3929 Retail Theft within the 3900 Series**

**CC3929.1 Library Theft (CC3901-CC3934)**

**CC3929.2 Unlawful Possession of Retail or Library Theft Instruments**

**CC3929.3 Organized Retail Theft**

**CC3930 Theft of Trade Secrets**

**CC3931 Theft of Unpublished Dramas or Musicals**

**CC3932 Theft of Leased Properties**

**CC3933 Unlawful Use of a Computer**

**CC3934 Theft From a Motor Vehicle**

**CC4101 Forgery Any**

**CC4114 Securing Execution of Documents by Deception Any**

**CC4302 Incest Any**

**CC4303 Concealing Death of a Child Any**

**CC4304 Endangering Welfare of a Child Any**

**CC4305 Dealing in Infant Children Any**

**CC4952 Intimidation of Witnesses or Victims Any**

**CC4953 Retaliation Against Witness or Victim Any**

**CC5902B Promoting Prostitution Felony**

**CC5903C Obscene or Other Sexual Materials to Minors Any**

**CC5903D Obscene or Other Sexual Materials Any**

**CC6301 Corruption of Minors Any**

**CC6312 Sexual Abuse of Children Any**

*Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No. 64)--PARTIAL LISTING\**

Offense Code Prohibitive Offense Description Type/Grading of Conviction

**CS13A12 Acquisition of Controlled Substance by Fraud Felony**

**CS13A14 Delivery by Practitioner Felony**

**CS13A30 Possession with Intent to Deliver Felony**

**CS13A35 (i), (ii), (iii) Illegal Sale of Non-Controlled Substance Felony**

**CS13A36 Designer Drugs Felony**

**CS13Axx\* ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET**