blu medstaff

Employee_____

Client/Facility_____

Unit_____

RN ☐   LPN/LVN ☐   CNA ☐   Other_____

MON   TUES   WED   THUR   FRI   SAT   SUN   (Circle One)

DATE*_____ IN-TIME_____ OUT-TIME_____ LUNCH_____
*Date of shift start (i.e. If overnight, use date of clock-in)

TOTAL HOURS_____ ☐ LATE CALL   CLIENT INITIALS_____

EMPLOYEE SIGNATURE_____

AUTH. CLIENT SIGNATURE_____

PRINT NAME_____

TITLE_____

AGREEMENT

The individual signing below is authorized to sign on behalf of the Client and to verify hours worked by BluMed personnel. The Client agrees that the time stated is correct and that the work was performed satisfactorily. Time and one half is charged for all national holidays unless otherwise stated in a written agreement with BluMed. The Client agrees not to employ or encourage employment of BluMed personnel unless and except as stipulated in writing in an agreement with BluMed. The Client acknowledges that payment is due upon receipt of invoice unless otherwise stated in a written agreement with BluMed. The Client agrees that all court costs and legal fees will be the obligation of the client for the collection of a delinquent account. The Client agrees to notify BluMed immediately upon the occurrence of any accident, clinical incident, ethics violation or any other issue involving BluMed's employee(s).

_____

MISSED MEAL PERIOD / REST BREAK

Attempt to notify your supervisor/manager at the facility that you may not be able to take your rest period or meal break prior to the time of your scheduled break. Should you miss a lunch break or rest period, please attempt to obtain the signature of your shift supervisor, manager, or the nursing supervisor after the end of your shift. If a member of management and/or nursing supervisor is not available to authorize and sign, the charge RN may sign. Please submit completed forms to the mailbox of the Asst Nurse Manager, Nurse Manager or Director. Also, document your missed meal period or rest break in Kronos or on your timesheet.

DETAILED REASON FOR MISSED BREAK

MISSED LUNCH BREAK ☐   _____
_____

MISSED REST BREAK ☐   _____
_____

AUTHORIZED SIGNATURE_____   NAME_____

IF SUPERVISORS OR MANAGERS REFUSE TO SIGN, PLEASE FILL IN THE INFORMATION BELOW.

ALL AVAILABLE SUPERVISORS/MANAGERS REFUSED TO SIGN ☐

REFUSING SUPERVISOR NAME_____   DATE_____