

HACKETTSTOWN COMMUNITY HOSPITAL
NURSING PER DIEM POOL I

I, _____, agree to fulfill a position in the Nursing Per Diem Pool. I understand and agree to the following conditions.

1. Per Diem employees are subject to the obligations and work conditions, including policies and procedures of all other hospital employees, except as modified by the terms of this document. However, they receive no fringe benefits such as vacation, holiday, sick time, insurances, etc., if applicable. Per diem employee must also adhere to specific department Per Diem policies.
2. Proof of current NJ licensure must be presented to the Nursing Office.
3. Is employed in an acute care setting elsewhere, with two (2) years of current experience in the specialty applying for.
4. RN's must be IV certified.
5. Must be CPR certified, ACLS if applicable and hold other certificates applicable to the specialty unit at their own expense.
6. Successfully complete unit competencies, orientation packets, and yearly evaluations.
7. RN's must pass the Hackettstown Community Hospital's Medication Test.
8. I am available to work __7:00-3:30, __3:00-11:30, __ 11:15-7:15, 12 hour shifts, __7:00am-7:30pm, __7:15 pm-7:15am. If needed, I could also work
9. Hourly Rates (Shift differentials included)
RN Days - \$31.00 Evenings - \$32.75 Nights - \$33.25 Weekend an additional \$1.50/hr.
10. General Orientation and Nursing Orientation will be provided by the hospital.
11. I agree to work a minimum of 144 hours /year
12. The hospital is under no obligation to provide work and may discontinue or modify the terms of employment for per diem nurses at any time.
13. This document is not a contract of employment. Employment with HCH is not for a stated period of time and both you and HCH may discontinue the employment relationship at any time.
14. I agree to give a minimum of two (2) weeks notice when terminating employment.
15. Per diem positions will be limited to the number of positions determined by unit activity per unit.
16. All of the above will be subject to approval by the Manager of the unit.

Employee Signature Date

Administrative Director Date

Recruiter Date

Beginning Date