

Your
Hospital's
Logo
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APPLICATION FOR ON-CALL (GROUP 6) PER DIEM

1. I have voluntarily resigned from my _____ FULL TIME _____ PART TIME position in the _____ department at this Hospital, effective _____ (date).

REASON FOR LEAVING MY FT / PT POSITION: _____

2. I am applying for employment as an on-call (Group 6) employee, in the _____ department, to be called to work as needed. I understand that based on staffing needs, I may NOT be called to work while on call.

3. MY AVAILABILITY FOR WORK IS LIMITED TO:

NOTE: Absence of a check mark means I am not available for that period of time.

SATURDAYS SUNDAYS HOLIDAYS WEEKDAYS

4. I AM AVAILABLE TO WORK:

UP TO 8 HOURS / WEEK 8 TO 24 HOURS / WEEK 24 TO 40 HOURS / WEEK

I UNDERSTAND THAT:

- ➔ the Hospital is not obligated to provide any number of hours to a Group 6 employee;
- ➔ if I do not work more than 32 hours in a 3 month period or in accordance with the NURSING DEPARTMENT per diem standards, I may be released from employment;
- ➔ on call (Group 6) / per diem employees can be released from employment at any time with or without cause.

I am not available for full-time employment.

I have read the information above and I understand it.

I am applying to be placed on Group 6 status as of _____ (date).

PRINTED NAME:	SIGNATURE:	DATE:
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DEPARTMENT DIRECTOR / NURSE MANAGER APPROVAL

SIGNATURE:	DATE:	<input type="checkbox"/> REQUEST APPROVED <input type="checkbox"/> REQUEST NOT APPROVED
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Copies to [1] DEPARTMENTAL FILE, and [2] HR PERSONNEL FILE