



Memorandum

Subject: Policy and Procedures

Date: Revised on 11/02

Name: _____

Classification: _____

As a part of your orientation, please confirm below to certify that you have read and understand your obligation under each of the following categories.

Item Description Reviewed	Date / Initial	Date / Initial	Date / Initial
General Business Information			
Nursing Pool Required Duties			
Nursing Pool Quality Assurance Standards			
State & Federal Required Workplace Posters			
Temporary Personnel Policies			