

## Facility Travel Employee Guaranteed Hour Verification Form

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

Facility: \_\_\_\_\_

Travel Company: Worldwide Travel Staffing, Ltd.

Contract Date Range: \_\_\_\_\_ Week Ending Date: \_\_\_\_\_

Pursuant to the Travel Agreement, Travelers are entitled to 40 hours paid weekly provided none of the following occurred during the week period.

Traveler called in sick on a scheduled day during the two-week period.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

Traveler refused to float to another area of competency.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

Traveler arrived late for a scheduled shift, which caused shortage of hours.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Traveler refused to float to another facility within the designated 25-mile radius.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

Traveler requested time off during the specified time period and was unavailable to work.  
Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Traveler refused offer of another shift to make-up canceled hours.  
Date: \_\_\_\_\_ Shift Offered: \_\_\_\_\_

Actual Hours Worked: \_\_\_\_\_ Guaranteed Hours Approved: \_\_\_\_\_

Authorized Facility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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