

**Workforce Solutions Guaranteed Hours Form**

Return form to PWS Customer Service  
Fax 866-793-9451

Employee Name \_\_\_\_\_ Facility: \_\_\_\_\_

COID \_\_\_\_\_

Agency \_\_\_\_\_ Contract Date Range \_\_\_\_\_

Week ending date \_\_\_\_\_

Pursuant to the Supplemental Staffing Agreement, employees are entitled to guaranteed hours as documented in the Supplemental Staffing Agreement, provided **none** of the following occurred during the pay week period.

Employee called in sick on a scheduled day during the pay week period.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

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

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

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

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

**(Guaranteed hours are not approved if any box above is checked.)**

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

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

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

Pursuant to the Supplemental Staffing Agreement, employees are entitled to guaranteed hours as documented in the Supplemental Staffing Agreement, provided **one** of the following occurred during the pay week period.

Facility cancelled scheduled shift due to low census.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

Facility requested employee to leave early due to low census.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_

Facility did not offer another shift to make up canceled hours.  
Date: \_\_\_\_\_ Shift Offered: \_\_\_\_\_

Facility scheduled shift late which caused a shortage or hours. Employee arrived late & needs to be paid up to three hours to start of shift.  
Date: \_\_\_\_\_ Hours Scheduled: \_\_\_\_\_  
Hours Worked: \_\_\_\_\_

Other- State Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Shift Offered: \_\_\_\_\_

**(At least one box above should be checked for approval of guaranteed hours payment.)**