



Hours Worked Incentive Program Agreement

I, _____ acknowledge that I am requesting participation in the
Hours Worked Incentive Program with O.R. Nurses, Inc.

I understand there are no deadlines or time restrictions on hour accrual as long I meet the following eligibility criteria:

- ✓ Maintain an “active” employment status (RN, LPN, PT, OT, SLP, PTA, or COTA)
- ✓ Work 1,000 regular shift hours (orientation & on-call hours excluded)
- ✓ Have all my credentials in my personnel file updated without expirations/dormant status
- ✓ Have no unprofessional behavior incidences reported by the client
- ✓ Have no cancellations or scheduling conflicts, unless for an emergency, as defined in the Employee Handbook

At the completion of my 1,000 hours worked, I will receive a check from O.R. Nurses, Inc. in the amount of \$1,000.

Signed _____ Date _____

You can return this form via:

Email: payroll@ornursesinc.com

Local Fax: (901) 507-4155

Toll Free Fax: (866) 603-6267

**Mail: 9037 Poplar Ave., Suite 103 A
Germantown, TN 38138**