



## No Show & Late Cancel Policy/Penalties

I recognize that I am under no obligation to accept an assignment with Advantage Nursing Services, however, I understand that if I do accept an assignment I am required to honor my commitment and to work the assignment as scheduled. I also understand that should I, for any reason, be unable to honor my commitment to work an assignment I must notify Advantage Nursing Services as soon as possible or at least two (2) hours prior to the start time of my scheduled shift.

I also understand that if for any reason I fail to give Advantage Nursing Services no less than two (2) hours notice prior to the start time of my scheduled assignment or my inability to make my assignment; or fail to notify Advantage Nursing Services at all of my inability to make my assignment I will be subject to disciplinary action up to and including termination.

I also understand that excessive cancellations (defined as more than three (3) cancellations in any given three (3) month period) even with at least two (2) hours notice will subject me to disciplinary action up to and including termination.

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**Printed Employee Name**

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**Employee Signature**

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**Date**

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**Agency Representative**

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**Date**