



Employee Online Access

Employee Name: _____ Email Address: _____

I _____ request to have access to the Tri-State Nursing Employee Access. I agree to use my access responsibly and to adhere to the policies set forth by my Tri-State Nursing employment handbook. I understand that this access will allow me to view my availability and schedule, make changes to my availability, to get directions to the facilities for which I am scheduled, my credential information and my salary. The information provided will be deemed reliable but not guaranteed as to accuracy.

I understand that I will not be able to modify or cancel my scheduled shifts online and any attempt to do so will be considered as misconduct. I understand that I must contact Tri-State Nursing directly thru the designated phone numbers to modify or cancel my scheduled shifts.

I understand that my access id and password is assigned specifically to me. I understand that if I choose to give my access id and password to others, my personal information will no longer be confidential and I will not hold Tri-State Nursing accountable. I will not nor will I permit a third party to interfere or modify the access except as to my own information.

I understand that my access will be denied if my employment ends or at any time chosen by Tri-State Nursing.

Signature: X _____ Date: _____

Witness: _____ Date: _____

~for office use only~

Assigned user name: _____ Password: _____

Start Date: _____ End Date: _____ Region: _____

- Access:
- Temp updates availability
 - Temp updates permanent availability
 - Temp Sends a Message
 - Temp updates Credentialing

- Messages sent to:
- Staffing
 - Payroll/Accounting
 - Recruiting
 - Administration