Assignment Confirmation

New Hampshire Hospital
and

_____
(Agency)

Agency	
Agency Staff Name: First, Middle, Last Required	
Agency Staff Phone Number	
Discipline: RN, MHW, PSW	
Emergency Contact Name & Number	
Shift and Hours Offered	
Hourly/Overtime Rate	Rate is determined via Exhibit C for actual shift worked as stated in Multi Vendor Staffing Agency contract valid on date worked.
Assignment Start Date	
Assignment End Date	
Approved Time Off	
Submitted by Agency	_____ Name on _____ Date
Confirmed by NHH	Helen Symonds _____ Name on _____ Date

Please email signed copy to Helen Symonds, Clinical Staffing Coordinator, at helen.f.symonds@dhhs.nh.gov