



## Employee Acknowledgement Form

### ***Receipt of Employee Handbook***

I acknowledge that I have received a copy of Acute Nursing Solutions' Employee Handbook. I have read and understand Acute Nursing Solutions' policies and my requirements as an Acute Nursing Solutions employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the Acute Nursing Solutions office to discuss.

### ***Release of Information***

I hereby authorize Acute Nursing Solutions, to release any and all professional credentials, work verifications, criminal background check information and/or health information that has been acquired by Acute Nursing Solutions. I understand this information will be sent only to clients where I will be working as an Acute Nursing Solutions' employee, for the purpose of assuring that all required credentials and regulatory documentation as required by contract are in place and current prior to and during my assignment.

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Employee Name (Please Print)

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Employee Signature

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Date