Employee Shift Acknowledgement

The Cottages
Assisted Living at its Best

Date of Hire: _____

Employee Name: _____
(First, Last)

Building:
□ Boise #1   □ Boise #2
□ Emmett #1   □ Emmett #2
□ Lochsa Falls #1   □ Lochsa Falls #2
□ McCall
□ Meridian #1   □ Meridian #2
□ Middleton
□ Mountain Home
□ Nampa
□ Payette
□ Weiser #1   □ Weiser #2

I understand that as an employee of The Cottages, I have been hired to work an assigned shift. I understand that being an employee of the Cottages, I may be scheduled to work shifts other than this initial assignment including night shifts and that I may be required to work weekends and holidays. I also understand that as an employee of The Cottages, I am not guaranteed a certain amount of hours per work week. I understand that as the census (number of residents living in the building) changes in the facility, so may my hours. As an employee of The Cottages I understand all of the above and that this form will become a permanent part of my employee file.

Employee Signature: _____   Date: _____

Administrator Signature: _____   Date: _____