



QUARTERLY WORK INCENTIVE BONUS PROGRAM VERIFICATION REQUEST

I, _____, have reviewed my pay stubs and believe that I worked at least 300 hours during the quarter, did not cancel more than one shift and was not tardy more than two times. Please review my work history to determine my eligibility.

Signed: _____

Date: _____

Work Incentive Bonus Program: This bonus is paid quarterly and works as follows:

- RNs who work a minimum of *450 hours* in a quarter (an average of 35 hours per week) will receive a \$500.00 bonus at the end of that quarter.*
- RNs who work a minimum of *300 hours* in a quarter (an average of 23 hours per week) will receive a \$150.00 bonus at the end of that quarter.*

* You *will not* receive a bonus if you cancel *more than one (1) scheduled shift* during the quarter or are tardy more than *twice*.

This form must be received in our office in the month following the end of the quarter in order for the bonus to be issued.