

IDENTIFICATION / and or SWIPE CARD

All employees are issued an identification card when placed on the Hospital and Clinic payroll. This card is to be worn during working hours for security reasons.

1. Employee's are responsible for replacement of Identification Cards. An employee must pay \$10.00 to the Cashier (located on the 2nd floor of the Hospital/Clinic) and bring a receipt to the Human Resources Department before one will be issued or authorize for the fee to be payroll deducted.
2. Upon termination the Identification Card must be turned into Human Resources Department.

DEDUCTIONS

I agree, upon my termination from employment at Tulane University Hospital and Clinic (whether voluntary or involuntary), to have deducted from my final paycheck any monies I might owe to this institution. This may include charges for hospital services rendered or any other balance that may remain at the time of termination. Charges for additional items that may be deducted from my paycheck include: identification badge, uniforms, keys or other items owned by the Hospital/Clinic.

PROBATIONARY PERIOD FOR FULL TIME & PART TIME EMPLOYEES

The first three (3) months of employment (or six months for managers/supervisors) at Tulane University Hospital and Clinic are considered the probationary period for all new employees. During this period of time, your work performance, interaction with others and general acceptability to the Hospital and Clinic work environment will be evaluated by your supervisor and a determination will be made as to your continuous employment as a staff employee. It is important that you, also, determine if the Hospital and Clinic and the position you have taken meet your expectations.

Formal written counselling is not required during this probationary period. Therefore, you should be particularly mindful of any constructive oral counselling you may receive or any suggestions for performance improvement provided by your supervisor. Before the conclusion of the probationary period, if it is decided you will not be granted the status of staff employee, you may resign or be asked to design with no detrimental effect to your work record.

I have read the above policies of the Tulane University Hospital and Clinic and agree to abide by these policies while employed with this institution.

Date

Employee's Signature

Tulane University Hospital & Clinic

1415 TULANE AVENUE
NEW ORLEANS, LA 70112

EMPLOYMENT AGREEMENT