



## CODE OF CONDUCT FORM

As an employee of **@WORK MEDICAL SERVICES**, you are expected to follow certain rules of performance and conduct. Any of the following actions could result in immediate termination of your employment with **@WORK**:

1. Report of unsatisfactory performance of duties.
2. Failure to report to assignments.
3. Failure to contact your supervisor or your @WORK staffing coordinator when absent or tardy.
4. Failure to maintain all credentials.
5. Smoking in areas designated "No Smoking."
6. Use of profane or abusive language.
7. Failure to immediately report an accident on the facility's premises involving an on-the-job injury or property damage.
8. Insubordination, including refusal to float or accept an assignment that is clinically appropriate.
9. Failure to adhere to the facility's policy on non-solicitation.
10. Sleeping on the job.
11. Permitting another person to use your identification.
12. Unauthorized use of computers and/or the internet for non-business purposes.
13. Reporting to work in an unfit condition and/or working under or suspicion of working while impaired by drugs or alcohol.
14. Unauthorized possession of illegal drugs, alcohol, weapons or charging personal long distance phone calls to a patient or the facility without authorization.
15. Any action or behavior that compromises another's safety, privacy or that violates HIPPA.
16. Inappropriate interaction with patients, their families, students, visitors, customers or other employees including sexual harassment.
17. Personal use of electronic mail, chain letters, sexual or ethnic jokes, or defamatory statements.
18. Falsifying application or hours worked.
19. Threats, fighting or physical actions against another person.
20. Willful damage to a facility's property.
21. Conducting personal business in the workplace or interrupting other employees from their scheduled work.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_