



Statement Of Understanding

MEDICAL EMPLOYEES:

My signature below acknowledges, that I understand that my paycheck is based on a shift rate for a 24-hour shift and not on an hourly rate.

Signature: _____ *Date:* _____

Printed Name: _____

PILOT EMPLOYEES:

My signature below acknowledges, that I understand that my paycheck is based on a shift rate for a 12-hour shift and not on an hourly rate.

Signature: _____ *Date:* _____

Printed Name: _____