

## STUDENT & INSTRUCTOR ROTATION UNDERSTANDING

By signing below, I understand that if I am currently an employee of AdventHealth, or become an employee in the future, if I'm assigned to do a student rotation in the department where I work I will:

ı.	Only perform employee duties when clocked in as an employee.
2.	Only perform student duties when on my educational rotation.

Student/Instructor Print Name	OPID
Student/Instructor Signature	 Date of Signature