



## STUDENT 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:

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

\_\_\_\_\_  
Student Print name

\_\_\_\_\_  
OPID

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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