

# DISPATCH NOTICE - INSTRUCTIONS TO AGENCY

When dispatching nurse employees to work at healthcare facilities or for a third-party client, nurse agencies must provide a Dispatch Notice to the employee. The Dispatch Notice may be in the primary language of the nurse employee. Please contact the Illinois Department of Labor to request sample forms in additional languages.

**This sample form is for guidance only related to the content required. Formatting and other visual characteristics of the form are the employer's responsibility. Each agency should review the Nurse Agency Licensing Act (225 ILCS 510/1-15) and the Department's administrative rules (68 Ill. Adm. Code 690) for compliance purposes. Employers may be subject to additional federal and state regulations related to employment notices.**

Nurse Agency Licensing Act Excerpt:

## **Section 690.70 Standards For Nurse Agency Operation**

*A nurse agency shall provide at the time of dispatch, to each nurse or certified nurse aide who is sent to work for a health care facility, a written notice that contains the following information:*

- a) the name of the nurse or certified nurse aide*
- b) the name, address, and telephone number of the health care facility that the nurse or certified nurse aide is being dispatched to;*
- c) the name and title of the health care facility employee to whom the nurse or certified nurse aide is expected to report;*
- d) the rate of pay offered; and*
- e) the hours that the nurse or certified nurse aide is expected to work.*

*If a nurse employee is assigned to the same assignment for more than one day, the nurse agency is required to provide the employment notice only on the first day of the assignment and on any day that any of the terms listed on the employment notice are changed.*

*An agency that is required to register under both the Illinois Day and Temporary Labor Services Act and the Nurse Agency Licensing Act, and provides a dispatch notice under the Illinois Day and Temporary Labor Services Act, is not required to provide a separate dispatch notice under this Section.*

# Nurse Agency Licensing Act Sample Dispatch Notice

Concerns may be reported to the Illinois Department of Labor (IDOL) by calling the Nurse Agency Licensing Act mainline at 1-312-793-1804 or emailing [DOL.NurseAgency@illinois.gov](mailto:DOL.NurseAgency@illinois.gov)

Nurse Agency Legal Name:

D/B/A:

Name of Nurse/CNA Employee

Last Name:

First Name:

## Health Care Facility Information

Client Company Name:

Address:

City:

State:

Zip Code:

County:

## Health Care Facility Point of Contact

Name:

Title:

Phone Number:

Email:

Dates of Work  
Assignment

From:

To:

Expected work hours

From:

To:

Rate of Pay Offered

\$\_\_\_\_\_ per \_\_\_\_\_