2351 Honolulu Ave, Montrose, CA 91020 Tel: 818-241-4444 Fax: 818-241-4443



Per Diem Agreement

CLINICIAN INFORMATION					DAT	E:		
Full Address: Full N Phone E-Ma					Flat	Rate: CHHA[X] Flat Rate \$40 Mileage: Not reimbursed		
COVERAGE LOCATIONS					NOT-	NOT-DESIRED LOCATIONS		
SPECI	AL SKILLS	Ex	amples: Housekee	eping, Communic	ation, Nutritiona	l Knowledge		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
BASE AVAILABILITY								
/e require 2 week	notice to chang	ge your base sch	edule to safely red	direct patients. *	See field employ	ee standards hand	dbook for details*	
			1	NAME (Print)				
Make sure you have read and understood he payroll & route sheets documents & explanation				TITLE SIGNATURE				

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