



Per Diem Agreement

CLINICIAN INFORMATION	DATE: <input style="width: 100%;" type="text"/>
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Full Address:

Full Name:
Phone:
E-Mail:

Rate: **CHHA[X]**
Flat Rate \$40

Mileage: Not reimbursed

COVERAGE LOCATIONS	NOT-DESIRED LOCATIONS
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SPECIAL SKILLS	Examples: Housekeeping, Communication, Nutritional Knowledge
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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BASE AVAILABILITY							

We require 2 week notice to change your base schedule to safely redirect patients. *See field employee standards handbook for details*

Make sure you have read and understood the payroll & route sheets documents & explanation

NAME (Print) _____

TITLE _____

SIGNATURE _____