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



## Per Diem Agreement

CLINICIAN INFORMATION					DAT	Е:		
Full Address:			Full Name: Phone: E-Mail:			Rate: LVN[X] Flat Rate \$45  Mileage: Not reimbursed		
☐ IV infu☐ PICC c☐ TPN☐ Blood v		Exa	☐ Wound ☐ Wound ☐ Trached ☐ Foley ca	vac ostomy care	G-Tube, Tracheos	☐ PEG tube	e care e isconnects	
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
BASE AVAILABILITY	WONDAI	I CESDAI	WEDNESDAI	HIORSDAI	FRIDAI	SATURDAT	SUNDAI	
Ve require 2 weel	x notice to chang	ge your base sche	edule to safely red	direct patients. *	See field employe	ee standards han	dbook for details*	
				NAME (Print)				
Make sure you have read and understood he payroll & route sheets documents & explanation				TITLE				
				SIGNATURE				

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Version 1.1

Version 2: February 21, 2023