



CHANGE OF STATUS FORM (SUBCONTRACTOR)

SUBCONTRACTOR INFORMATION

DATE REVISED: _____

PROGRAM OR CONTRACT

Name: _____ SS#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 County (IN only): _____ Phone: _____ Email: _____
☐ ADDRESS CHANGE ☐ NAME CHANGE (ss card required) New Name: _____
☐ Other (explain): _____

☐ INITIAL SUBCONTRACT AGREEMENT ☐ SUBSEQUENT SUBCONTRACT AGREEMENT OPEN REQ #: _____

Title: _____ Reports to: _____ Start date: _____
 Rate of Compensation (p/wk, wkday, wknd): _____ 2nd shift rate: _____ 3rd shift rate: _____
 On-Call Rate (p/wk, wkday, wknd): _____ Call Back Hourly Rate: _____ ☐ Certificate of Insurance attached
☐ FT ☐ PT ☐ PRN ☐ TEMP #Hrs/day: _____ #Hrs/wk: _____ Subcontractor hrs/yr: _____
☐ Liberty Email Address ☐ Laptop ☐ Other _____

EXPENSE LIMITS

☐ Lodging: _____ ☐ Car Rental: _____ ☐ Meals: _____
☐ Roundtrip Air: _____ ☐ Roundtrip Mileage: _____ ☐ Add to Relias E-Learning
 Relocation: _____ Annual CME: _____ Terms: _____
 Signing Bonus: _____ ☐ Retention Bonus: _____ Date(s) Payable: _____
 Comments/Other: _____

☐ CHANGE OF COMPENSATION

New Title: _____

☐ Permanent ☐ Temporary Effective date: _____
 Current Rate: _____ New Rate: _____ 2nd Shift Rate: _____ 3rd Shift Rate: _____
 Comments: _____

☐ TERMINATION OF SERVICES

☐ Voluntary ☐ Involuntary ☐ Layoff Program Closing (enter date): _____
 Last day of service: _____ Eligible to re-contract with Liberty: ☐ Yes ☐ No
 Moving Expenses: _____ Recoup? ☐ Yes ☐ No Signing Bonus: _____ Recoup? ☐ Yes ☐ No
 Comments: _____

APPROVAL

Prepared by: _____ Date: _____

By signing this form, I am verifying that Credentialing has been completed or a waiver has been issued (if necessary)

Approved by: _____ Date: _____