



LIBERTY HEALTHCARE CORPORATION AND AFFILIATES (LIBERTY) REQUEST FORM FOR AN EMPLOYMENT/SUBCONTRACTOR/CONSULTANT AGREEMENT

Please fill out form <u>entirely</u> . If a section is not applicable, please note it as <u>N/A</u> . Please attach a <u>Job Description</u> (for employees) or a <u>Scope of Services</u> (for subcontractors). Please note, <u>inaccurate or incomplete information</u> or a missing Job Description or Scope of Services <u>will cause delays</u> and may result in an incorrect agreement.	
Agreement will be sent via <u>email</u> to Requestor or to the candidate directly via DocuSign depending on the circumstances.	
Person requesting agreement:	Date Requested:
Consequences of a missed deadline:	DEADLINE:
Suffix/Prefix: _____ Employee/Subcontractor/Consultant Name: _____	New Hire: <input type="checkbox"/> Existing Hire: <input type="checkbox"/>
Street Address: E-mail Address: _____	Start Date: _____
<input type="checkbox"/> Employee <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Direct <input type="checkbox"/> Non Direct <input type="checkbox"/> Subcontractor <input type="checkbox"/> Individual <input type="checkbox"/> Entity* <input type="checkbox"/> Direct <input type="checkbox"/> Non Direct <input type="checkbox"/> Consultant <input type="checkbox"/> Individual** <input type="checkbox"/> Entity * <input type="checkbox"/> Direct <input type="checkbox"/> Non Direct <small>*The full legal entity name (i.e. Inc., Corp., P.C., P.A., etc.) and FEIN # is required. ** If checked, Controller approval required. Approval Date.</small>	<u>For CA contracts only</u> Psychologist*: <input type="checkbox"/> Yes <input type="checkbox"/> No Physician*: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, contract will be with LCA. <small>*May not be a Subcontractor without Controller approval.</small>
Program Name: Location Address (if Program has multiple locations):	Exact Position Title: Specialty (i.e. Child & Adolescent Psychiatrist):
Hours required to work: _____ Specify Hours to Work: _____	On-Call: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details (i.e. frequency, rate, etc.):
Shift work: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Hours of Shift: _____	Shift Differential: <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Shift Amount: _____ Third Shift Amount: _____ Other: _____
Compensation: Amount:	Salary Increase Conditions, amount and when payable (if applicable):
Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of PTO:
Signing Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ When Payable: _____	
Stay Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ When Payable: _____	
Retention Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ When Payable: _____	
Continuing Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ When Payable: _____	

Miscellaneous: <input type="checkbox"/> Mileage (per Federal rate) Other: <input type="checkbox"/> Travel time – amount & details <input type="checkbox"/> Airfare – amount & details	<input type="checkbox"/> Meals per diem- amount & details <input type="checkbox"/> Housing/lodging – amount & details <input type="checkbox"/> Cell phone reimbursement – amount & details <input type="checkbox"/> Car rental – amount & details
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Note: Boilerplate language will be used unless otherwise specified for the “length of term and renewal” and the “number of days required to give notice to terminate the agreement at the end of the term”.

Additional Information: