# Standard Traveler Agreement Template: Acceptance, Auto-Contract, & Margin

The following Traveler has been accepted:

## A Traveler Has Been Accepted (Acceptance)

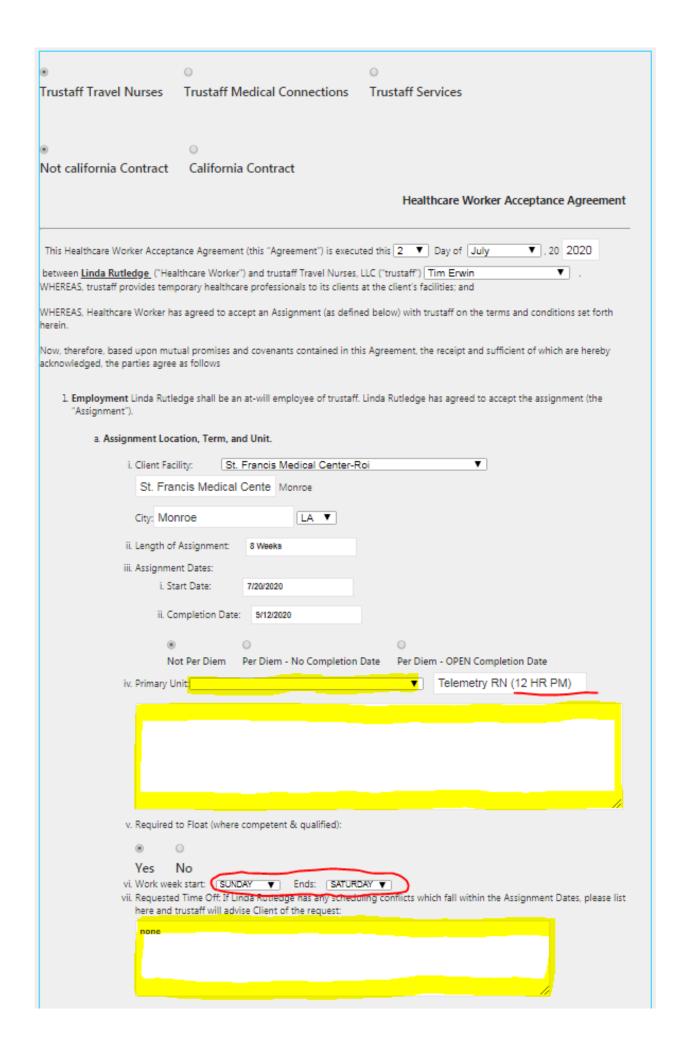
Placement Details					
Compliance Team:	Blue Team				
Traveler Type:	CN				
Traveler:	Linda Rutledge				
Offer Type:	Acceptance				
Facility Name:	St. Francis Medical Center-ROI				
Facility Location:	309 Jackson Street Monroe, LA 71201-7498				
Account Manager Notes:	Req. Number: SFMC – TELE - 061620				
Compliance Due Date:	7/10/2020				
Recruiter Name:	Tim Erwin				
Front End:	Eliza Miller				
Account Manager:	Jennifer Zerhusen				
Sales person:	None				
Specialty:	Telemetry RN				
Position Title:	RN				
Shift:	12 HR PM				
Shift other:					
Start Date:	7/20/2020				
End Date:	9/12/2020				
Approved time off:	none				
Weeks:	7 Weeks 6 Days				
Guarantee:	36 Hrs				
VMS:	ROI				
Billing Group:					

Portal:	DIRECT			
Health System:				
Traveler Information				
Current Address:	PO Box 3295			
City:	Quinlan			
State:	TX			
Zip:	75474			
Phone1:	(903)423-7670			
Phone2:				
Email:	Irutledge56@yahoo.com			
Facility Information				
Facility Name:	St. Francis Medical Center-ROI			
Facility Location:	309 Jackson Street Monroe, LA 71201-7498			
Week Start/End:	Sunday/ Saturday			
Cancellation Policy:	ROi Member may cancel one shift every 30 days without penalty. If ROi Member cancels a shift after contractor has started working, then ROi Member will pay for the number of hours worked or 2 hours, whichever is greater.			
Admin Fee:	3			
Is Admin Fee deducted from bill rate? :	No			
Cancellation Fee:	\$0.00			
Compliance Due Date:	7/10/2020			
Call requirements:	No			
Facility Testing:	none			
Pass/Fail Testing::	No			
Net Bill Rates				
Send invoice to:	Facility			
Net Bill Rate:	\$63.00			

Net OT Bill Rate:	\$63.00			
Net DT Bill Rate:	\$0.00			
Net On Call Bill Rate:	\$5.00			
Net Call back Bill Rate:	\$63.00			
Net Charge Bill Rate:	0			
Net Holiday:	\$63.00			
Margin Bill Rates				
Margin Bill Rate:	\$63.00			
Margin OT Bill Rate:	\$63.00			
Margin DT Bill Rate:	\$0.00			
Margin On Call Bill Rate:	\$5.00			
Margin Call back Bill Rate:	\$63.00			
Margin Charge Bill Rate:	\$0.00			
Margin Holiday:	\$63.00			
Non Billable Orientation:	0			
Orientation billable hours:	n/a			
Orientation billable reduced rate:	n/a			
Billing Notes:	OT after 40 Bill To: apinvoice@fmolhs.org (Must include Beckie Bowlin's name on the invoice)			
Time Tracking Method:	Kronos			
Standard Contract Rates:				
Account Manager Notes:	Req. Number: SFMC – TELE - 061620			
Traveler agreement notes:				

	Net Bill Rates		
Send invoice to:	Facility		
Net Bill Rate:	\$63.00		
Net OT Bill Rate:	\$63.00		
Net DT Bill Rate:	\$0.00		
Net On Call Bill Rate:	\$5.00		
Net Call back Bill Rate:	\$63.00		
Net Charge Bill Rate:	0		
Net Holiday:	\$63.00		
	Margin Bill Rates		
Margin Bill Rate:	\$63.00		
Margin OT Bill Rate:	\$63.00		
Margin DT Bill Rate:	\$0.00		
Margin On Call Bill Rate:	\$5.00		
Margin Call back Bill Rate:	\$63.00		
Margin Charge Bill Rate:	\$0.00		
Margin Holiday:	\$63.00		
Non Billable Orientation:	0		
Orientation billable hours:	n/a		
Orientation billable reduced rate:	n/a		
Billing Notes:	OT after 40 Bill To: apinvoice@fmolhs.org (Must include Beckie Bowlin's name on the invoice)		
Time Tracking Method:	Kronos		
Standard Contract Rates:			

Account Manager Notes:	Req. Number: SFMC – TELE - 061620		
Traveler agreement notes:			
Pay Information			
Base Pay Rate:	\$18.00 TA		
Weekly Per Diem:	\$936.00		
Perdiem Spread:	36		
OT Pay Rate:	\$40.50		
On Call Pay Rate:	\$2.00		
Charge pay Rate:	0		
Bonus:	None		
Payout Bonus:	None		
Payout Special Requests:	None		
Special Requests:	None		
	Drug Testing City State and Zip Code:		
City:	Quinlan		
State:	тх		
Zip:	75474		
Source:			
Air Transportation			
Air Transportation Needed:	No		
Lodging			
Lodging Required:	No		



b. Pay Rat	te.							
(	•			0		0		
1	Not Calif	ornia		California		Alaska		
i. E	Base Pay:	\$ 18.00 / hr	for hours u	p to 40 ▼				
		-Taxable						
	IA All	- I axable					_	
ii. I	Meals, incid	entals and housing	per diem s	ubsidy: \$ 936.0	/ week - Ti	hrough 36	▼ (subject to to be	
,	prorated in	accordance with pa	ragraph 5(a	a))				
iii. (	Overtime Pa	sy: \$ 40.50 /	hr for hours	worked after 4	0. Overtime sha	ll be paid in acc	ordance with the laws of the	2
		client is located.						
iv. (	On Call Pay:	\$ 2.00	/ hr - delet	te if not applica	able to assignm	nent		
v. (	Call Back Pa	y before 40 hours:	\$ 18.00	□ / hr				
vi. (	Call Back Pa	y After 40 hrs:	\$ 27.00	□ / hr				
uii /	Charge Regi	ular Pato	\$ 18.00	□/hr				
viii. (	Charge Grea	iter than 40:	\$ 27	□ / hr				
ix. (	Orientation	Rate:	\$ 0.00	□ / hr				
Mileage	Reimburser	ment rate: 0	.00					
c. Addition	nal Items:			_				
Bonus T	ype:	Loyalty/Extensi	on 🔻	9				
Bonus A	Amount							
Date to	be Paid:							
Add Ne	ew Bonus							
There ar	re no bonus	es						

By signing below, Linda Rutledge confirms receipt of Pay Plan Descriptions.

a [Subject to Section d Below – insert if Client has a shift cancelation policy,]

36 Weekly 

Client will schedule for a minimum of 36 hours per week (or 72 hours total if Client schedules on a biweekly basis) (the "Minimum Hours"). BR\*Facility will not guarantee hours for units closed on holidays during the week that the holiday falls.\*BR\*Facility will not guarantee hours during the first week of assignment.\*BR\*If candidate requests any time off during the week, the facility will not guarantee weekly hours.

Minimum Hours; Shift Changes; Termination[; Client Shift Cancelation Policy – insert if applicable or delete].

- b. If Linda Rutledge (i) is unable to work a scheduled shift or (ii) needs to request a change to the work schedule determined by Client (i.e. call offs, shift changes, time off, etc), Linda Rutledge must communicate such request directly to Client and notify trustaff. During any scheduling period that Linda Rutledge fails to work a scheduled shift, requests a change to the work schedule or volunteers for a shift cancellation, Linda Rutledge shall not be entitled to the Minimum Hours for such scheduling period.
- c. Linda Rutledge further agrees and acknowledges that all terms and conditions of this Agreement are subject to the Client's right, in its sole and absolute discretion, to modify, amend or otherwise terminate the Assignment and such revisions and/or termination shall immediately amend, modify or terminate this Agreement, as the case may be, as if fully incorporated herein and without any further action required by the parties hereto. Any exercise by the Client of its right to modify, amend or otherwise terminate this Agreement shall not result in a breach of this Agreement by trustaff or otherwise affect the Linda Rutledge 's obligations hereunder.
- d. [Insert Shift Cancelation Policy]

ROi Member may cancel one shift every 30 days without penalty.

If ROi Member cancels a shift after contractor has started working, then ROi Member will pay for the number of hours worked or 2 hours, whichever is greater.

3. Compensation.Linda Rutledge shall be an hourly employee and will be paid at the Base Rate for all hours worked up to 40 hours per Work Week. Overtime will be calculated according to the laws of the state where the Client is located. [If applicable to the Assignment include the following: The Client may assign Linda Rutledge to be "on-call" and Linda Rutledge shall be paid at the On-Call Rate for each of on-call services requested by Client.]

#### 4. Conditions of Compensation.

- a. Each week, Linda Rutledge must submit trustaff timesheets to trustaff regardless of the timekeeping system used by the Client. Failure to timely remit accurate timesheets MAY result in a delay in preparing Linda Rutledge 's payroll check.
- If the Client DOES NOT USE its own timekeeping system, then the trustaff timesheets MUST be signed by an authorized manager of the Client before submission to trustaff.
- ii. If the Client DOES USE its own timekeeping system, then the clock report generated by the Client shall be used to verify the timesheets submitted by. IF THERE IS A DISCREPANCY BETWEEN THE TIMESHEETS SUBMITTED BY Linda Rutledge AND THE CLOCK REPORT GENERATED BY THE CLIENT, THEN Linda Rutledge ACKNOWLEDGES AND AGREES THAT TRUSTAFF WILL PAY THE Linda Rutledge BASED UPON THE CLIENT GENERATED CLOCK REPORTS. Linda Rutledge MAY RESOLVE ANY SUCH DISCREPANCY BY FOLLOWING THE REQUIREMENTS OF THE CLIENT AND, IF SUCH RESOLUTION REFLECTS ADDITIONAL TIME WORKED BY Linda Rutledge, THEN TRUSTAFF WILL PAY Linda Rutledge FOR SUCH HOURS AT THE END OF THE PAY PERIOD FOLLOWING SUCH RESOLUTION.

#### 5. Meals, Incidentals, Travel and Lodging Expenses.

- a. trustaff will pay Linda Rutledge meals, incidentals and housing per diem subsidy in the amount set forth in Section 1(b)(ii) for all meals/incidental and housing expenses (the "Meals/Incidentals/Housing per Diem"). The Meals/Incidental and housing Per Diem will be paid in arreas with the regular weekly (or biweekly, if applicable) paycheck. The amount of the Meals/Incidental/Housing Per Diem shall be adjusted proportionately (i) for the first and last week of the Assignment, if necessary and (ii) for any assigned days Linda Rutledge does not work.
- b. All travel, transportation, commuting, parking and related expenses shall be the sole responsibility of Linda Rutledge .
- c. If Linda Rutledge does not complete the Permanent Tax Residence Form, then the Meal/Incidentals/Housing Per Diem WILL BE TAXABLE. If Linda Rutledge fails to meet or fails to continue to meet the requirements set forth in the Permanent Tax Residence Form, then the Meals/Incidentals/Housing Per Diem WILL BE TAXABLE.
- d. Linda Rutledge shall notify trustaff promptly of any change in the Linda Rutledge 's permanent tax residence. An updated Permanent Tax Residence Form must be submitted to trustaff at the beginning of each new assignment.

- 6. Housing and Travel Arrangements. Linda Rutledge shall be responsible, at Linda Rutledge 's sole expense, for securing any and all travel arrangements to and from Client's locations and all transportation and housing needs during the term of the Assignment. Linda Rutledge expressly agrees and acknowledges that trustaff shall not assist, arrange or otherwise provide any housing, transportation or travel arrangements or any other accommodations to or on behalf of Linda Rutledge. Except for the Meals and Incidentals Subsidy and the Housing Subsidy which will be paid in accordance with Paragraph 5 above, trustaff shall not be responsible or liable for any costs, fees or other expenses incurred by Linda Rutledge for any such housing, transportation or travel arrangements or other accommodations or any other living expenses incurred by Linda Rutledge at any time.
- 7. Background Check. Linda Rutledge acknowledges and agrees that trustaff will not guarantee this Assignment or future employment with trustaff if the results of Linda Rutledge 's background check and/or drug screen are unsatisfactory to trustaff in its sole judgment. In the event that trustaff determines, in its sole judgment, that results are unsatisfactory, then trustaff may, at its option, terminate this Agreement.
- 8. Arbitration. Linda Rutledge and trustaff agree to resolve all disputes and claims related to this Agreement and/or any dispute related to Linda Rutledge 's employment with trustaff to binding arbitration rather than going to court. The details of the arbitration procedure are outlined in the Employee Traveler Handbook. Linda Rutledge and trustaff agree that all such disputes and claims will only be arbitrated on an individual basis, and that both parties waive the right to participate in or receive money from any class, collective, or representative proceeding.
- 9. Damages. If Linda Rutledge fails to complete the Assignment or otherwise materially breached this Agreement, and Client charges trustaff cost, fees and/or other damages (the "Damages") in connection with Linda Rutledge 's failure to compete the Assignment or other material breach of this Agreement, such Damages shall be the sole responsibility of Linda Rutledge and Linda Rutledge shall promptly reimburse trustaff for such Damages. Upon the occurrence of any breach of this Agreement or any Assignment by Linda Rutledge, trustaff may terminate this Agreement as of the date of such breach.
- 10. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio. Further, in the event of any claim or cause of action arising from this Agreement, Linda Rutledge and trustaff consent to the exclusive jurisdiction of the Federal District Court of the Southern District of Ohio and/or state courts of Hamilton County, Ohio.
- Severability. If any provision of this Agreement, or any paragraph, sentence, clause, phrase or word, or the application thereof, in
  any circumstance, is held invalid, the validity of the remainder of this Agreement shall be construed as if such invalid part were never
  included herein.
- 12. Headings. The headings of articles, sections, paragraphs and subparagraphs in this Agreement are for convenience of reference only and shall not be construed in any way to limit or define the content, scope or intent of the provisions hereof.
- 13. Entire Agreement. The parties to this Agreement understand and agree that this Agreement contains the entire Agreement regarding the subject matter of this Agreement. No prior or contemporaneous agreement, statement, promise or representation (either made orally or in writing) relating to the subject matter of this Agreement shall be valid or binding unless set forth in this Agreement.

Position: RN I	Account Manager Jennifer Zerhusen ▼
Contract Control Code: Cincinnati Nursin	ıg ▼

Assign Contract

### **Margin Calculator**

St. Francis Medical Center-ROI MS/TELE RN 8 Weeks Linda Rutledge

Calculate

Save

View Records

#### **Position Details**

Location: State: Zip Code: Position: ▼ Monroe LA 71201 MS/TELE RN Shifts/Wk: Hrs/Shift: Non-Bill Orient. Weeks: Guarantee: 8 36 3 12 0

#### **Billing Details**

 Reg. Rate:
 OT Rate:
 On Call Rate:
 VMS %:
 Custom OT/8 Rate:

 63.00
 63.00
 5.00
 3.00
 Image: Custom OT/8 Rate:

 OT over X:
 Over 8 Rate:
 Bill Orient. Rate:
 Bill Orient Hrs:
 Bill Orientation:

#### **GSA Detail**

0

 GSA Lodging:
 Meals/Incident:
 Per Diem Total:

 672.00
 385.00
 936.00

#### **Pay Details**

Desired Rate: Reg. Rate: OT Flat Rate: OT Flat Multiplier: 18.00 18.00 \$40.50 2.25 Other Bonus: Comp. Bonus: Weekly Bonus: Spread PerDiem: 0.00 0.00 0.00 36

#### Fees

 Compliance:
 PrePlacement:
 Other:

 0.00
 0.00
 0.00

#### Hourly

 Payroll Earnings:
 18.00

 Per Diem:
 \$26.00

 Estimated Total:
 \$44.00

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#### Gross Weekly

 Payroll Earnings:
 \$648.00

 Per Diem:
 \$936.00

 Estimated Total:
 \$1,584.00

#### **Estimated Net**

 Payroll Earnings:
 \$518.40

 Per Diem:
 \$936.00

 Estimated Total:
 \$1,454.40

#### **Margin Details**

Gross Margin: 19.09%
Weekly Profit: \$432.90
Total Hours: 288
Billable Hours: 288
Payable Hours: 288

#### Assignment

Payroll Earnings: \$5,184.00
Per Diem: \$7,488.00
Estimated Total: \$12,672.00

#### CA Blended Rate

First 8 Hrs.: \$18.00

OT Over 8: OT Over 40: