

9. I agree to the following compensation for the services I shall perform: \$ _____ an hour.
10. I understand that if my employer goes into the hospital, or other medical care setting, I cannot be paid during their absence.
11. I will not submit timesheets for any hours of work I have not performed, if so, falsifying timesheets will cause for legal proceedings to be pursued

EMPLOYER RESPONSIBILITIES

I, _____ (Employer),

1. Will provide Premier Financial Management Services with the necessary documentation to assure timely compensation of my employee.
2. Will compensate my employee in the following manner: \$ _____ an hour.
3. I understand I am approved for a specific number of hours a month for service(s) and I will only bill for the amount authorized on my plan. If I need additional hours, I will consult with my Case Manager before I allow my employee to work additional hours.
4. Payroll will be handled by Premier Financial Management Services which will withhold all necessary taxes, unemployment, and other withholdings from the employee’s paycheck.
5. I will assure my employee receives appropriate training.
6. I will evaluate the performance of my employee and provide appropriate feedback to assure that I am receiving quality supports.
7. I understand that if I go into the hospital or other medical care setting, my employee cannot be paid during that time.
8. I will sign off/approve any timesheets for hours worked by my employee(s). I understand falsifying timesheets will cause for legal proceedings to be pursued.
9. I understand I must treat my employee(s) with respect and that I cannot solicit them for anything or harass them in any way (sexually or verbally).

Employee Signature: _____ Date: ____ / ____ / ____

Employer Signature: _____ Date: ____ / ____ / ____

Please submit the completed form to Premier via email or fax.

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