



# CARE STAFFING

Professionals

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

## PAYROLL AGREEMENT

<p><b><u>Payroll Authorization</u></b></p>	<p><i>Please circle the appropriate response</i></p> <p>Direct Deposit</p> <p>Routing/Transit # _____</p> <p>Account # _____</p> <p><input type="checkbox"/> Checking    <input type="checkbox"/> Savings    <input type="checkbox"/> Other</p> <p>Mail</p> <p>Pick-up</p>	<p>I, _____, understand that CARE STAFFING PROFESSIONALS, Inc. is not responsible for the delivery of my check after it is mailed, and that any delay in delivery is not the fault of the Registry. I also accept the responsibility of the bank charges for having a Stop Payment Order placed on lost checks.</p> <p>(The charge will be the current fee levied by the bank upon which the payroll checks are drawn.)</p>
<p><b><u>Travel Nurse</u></b> <i>Address more than 50 miles from Los Angeles.</i></p>	<p><i>Please initial the appropriate response.</i></p> <p>YES _____</p> <p>NO _____</p>	<ul style="list-style-type: none"><li>• Stipend will be paid base on IRS Per Diem Rates in accordance to publication 1542.</li><li>• Stipend is paid every Mondays of the following week in accumulation of all shift worked on prior cut-off, Sunday to Monday.</li><li>• Remainder is paid regularly in accordance to the company's compensation schedule.</li></ul>

In case of any changes in the future, please inform CARE STAFFING PROFESSIONALS, Inc. as soon as possible.

*All payroll checks must be cashed within **30 days** from the date on the check.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date