1. Please complete the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Position | Proposed Hourly Rate | OT and Holiday Rate |
| RN |  |  |  |
|  | 7a to 7p shift Residential |  |  |
|  | 7p to 7a shift Residential |  |  |
|  | 8a to 5p shift Clinic or other settings |  |  |
| LVN |  |  |  |
|  | 7a to 7p shift Residential |  |  |
|  | 7p to 7a shift Residential |  |  |
|  | 8a to 5p shift Clinic or other settings |  |  |
| CNA |  |  |  |
|  | 7a to 7p shift Residential |  |  |
|  | 7p to 7a shift Residential |  |  |
|  | 8a to 5p shift Clinic or other settings |  |  |
| CMA |  |  |  |
|  | 7a to 7p shift Residential |  |  |
|  | 7p to 7a shift Residential |  |  |
|  | 8a to 5p shift Clinic or other settings |  |  |

1. Please add any additional cost factors to the Proposed Hourly Rate here.
2. If there is an option to hire an associate, please describe the details below.
3. Please list any other costs that may be invoiced to the Center as part of this agreement.