



SUPPLEMENTAL STAFFING AGREEMENT

between Favorite Healthcare Staffing, Inc. and
State of Iowa - Medical Staffing

The purpose of this Agreement is to define the relationship and respective responsibilities between State of Iowa - Medical Staffing (hereafter Client) and Favorite Healthcare Staffing, Inc. (hereafter Favorite) allowing Favorite to provide qualified temporary healthcare professionals (hereafter THP) for the provision of temporary healthcare professional services to all of Client's healthcare facilities. The following is therefore mutually agreed:

1. DEFINITIONS

- A. THP is a temporary healthcare professional working as an employee of Favorite on assignment at Client.
- B. Per Diem THP is any THP not regarded as a Traveler under this agreement.
- C. Traveler is any THP provided by Favorite for whom a Confirmation of terms of an assignment of not less than 4 weeks in duration has been made by Client.
- D. Confirmation is the Client's written acceptance of a particular Traveler to fill a specific Client need.

2. RESPONSIBILITIES OF FAVORITE

- A. Provide services in conformance with all Joint Commission standards applicable to Health Care Staffing Services.
- B. Provide service coordinator staff on a 24-hour per day, 365-day per year basis to receive and process service requests and changes.
- C. Match Client service requests with THPs who are properly screened and qualified in accordance with Standard Hiring Practices (Exhibit A).
- D. Provide Client, the actual submitted resume detailing skills and qualifications of assigned personnel, either via e-mail or facsimile.
- E. Instruct THPs to always carry on their person an original license, evidence of current CPR and any applicable specialty certifications, for immediate client inspection.
- F. Assume sole responsibility as the employer of record for the payment of wages to THPs and for the withholding of applicable federal, state and local income taxes, the making of required Social Security tax contributions, and the meeting of all other statutory employer responsibilities (including, but not limited to, unemployment and worker's compensation insurance, payroll excise taxes, etc.).
- G. Comply with federal, state and local labor and employment laws applicable to Assigned Employees, including the Immigration Reform and Control Act of 1986; the Internal Revenue Code ("Code"); the Employee Retirement Income Security Act ("ERISA"); the Health Insurance Portability and Accountability Act ("HIPAA"); the Family Medical Leave Act; Title VII of the Civil

Rights Act of 1964; the Americans with Disabilities Act; the Fair Labor Standards Act; the Consolidated Omnibus Budget Reconciliation Act ("COBRA"); the Uniformed Services Employment and Reemployment Rights Act of 1994; as set forth in subparagraph h. below, the Patient Protection and Affordable Care Act (ACA); and the Occupational Safety and Health Act of 1970.

- H. Comply with all provisions of the ACA applicable to Assigned Employees, including the employer shared responsibility provisions relating to the offer of "minimum essential coverage" to "full-time" employees (as those terms are defined in Code §4980H and related regulations) and the applicable employer information reporting provisions under Code §6055 and §6056 and related regulations.
- I. Maintain a system documenting, tracking, and reporting unexpected incidents, including errors, unanticipated deaths and other events, injuries, and safety hazards relating to the care and services provided. (It is the Clients' responsibility to promptly notify Favorite within 24 hours of when an incident occurs. Upon notification, Favorite will then implement incident tracking/resolution processes and communicate with the client as needed.) Client may be required to provide written documentation to Favorite to facilitate the investigation and potential corrective actions of incidents. Depending on the severity of the incident; Favorite will also have our Risk Oversight Committee review and make recommendations.
- J. Maintain general liability insurance and professional liability insurance with limits equal to or greater than \$1,000,000 per occurrence and \$3,000,000 aggregate. Maintain workers compensation in the amounts mandated by law in the state or states in which services are being performed. Favorite will provide certificates of insurance on request.
- K. May use subcontractors in the usual course of providing staffing service.
- L. Not discriminate in employment with respect to race, religion, sex, creed, disability or national origin in compliance with all applicable laws including Title VII of the Civil Rights Acts of 1964, or any of its amendments, and the Americans with Disabilities Act.
- M. Comply with Section 1861(v) of the Social Security Act, and, therefore, for a period of four years after providing services to Client under this Agreement, make available upon written request such books, documents and records as are necessary to certify the nature and extent of the cost of providing services, as Client may be required to provide the IRS documentation of reasonable costs actually incurred for reimbursement. Documentation provided by Favorite regarding the staffing services by their THP(s) under this agreement may include but not be limited to any timekeeping records, timecards, invoices and/or payroll records.
- N. Provide Client with a completed 'OSHA INFOSHEET Respirator Medical Evaluation Questionnaire' for each potential THP being reviewed by Client. Blank OSHA Form to be completed by potential THP can be provided by Client if necessary.

3. RESPONSIBILITIES OF CLIENT

- A. Following review of submitted documents (see Sections 2.D and 2.N above), Client will make final determination of suitability of THP documented competencies and experience as presented by Favorite for the designated assignment.
- B. Provide orientation which, at minimum, includes the review of policies and procedures regarding medication administration, documentation procedures, patient rights, Infection Prevention, and Fire and Safety, OSHA and EMR/Charting (if applicable).
- C. Manage Favorite's THPs consistent with Client's own policies and procedures and address any incident consistent with those policies and procedures. Promptly notify (within 24 hours) Favorite

by written documentation of any unexpected incidents, errors and sentinel events that involve THPs and of any occupational safety hazards or events that involve THPs.

- D. Recognize Favorite's policy regarding the floating of staff whereby THPs are instructed not to accept a floating assignment if they do not have the skills required to perform a competent level of care.
- E. Assist Favorite with the periodic evaluation (no less than annually) of THP job performance. Travelers will be evaluated after each assignment.
- F. If applicable, when advanced practice services are requested (NPs and/or PAs), it is the responsibility of the CLIENT to have an executed copy of the Collaborative Agreement between the advanced practice personnel and the collaborating physician.
- G. Promptly (within 24 hours) notify Favorite by written documentation of any unsatisfactory job performance or action taken to terminate the services of a THP due to incompetence, negligence, or misconduct. In such event Client shall only be obligated to compensate Favorite for actual THP time worked.
- H. Provide at least two hours' notice of any cancellation of assignment or accept responsibility for payment of two hours of service at the applicable rate for Per Diem shifts. Travelers should not be cancelled unless rescheduled within the same week.
- I. Timely and accurately approve THP's time via paper timecards. THP will provide the shift information to Client and Client will review and approve. Once a THP's timecard has been approved it will be submitted to Favorite Healthcare electronically and an email confirmation will be sent to the Supervisor if they choose to receive one. Weekly invoices will include a copy of the Supervisor's approval along with the approval details for each shift. If the Client requires the THP to provide additional information such as nursing notes, narratives, etc., the Client approval acknowledges the receipt of such additional information.
- J. In the event Client finds it necessary to terminate a Traveler's assignment, for no fault of Favorite or Traveler, the Client shall reimburse Favorite for all contractual obligations for transportation and housing incurred as a result of Favorite's placement of Traveler with Client.
- K. Remit payment for services directly to Favorite Healthcare Staffing, Inc. upon receipt of invoice, **no later than 45 days**. In the event the client questions any amounts invoiced, an explanation of any items in question must be received by Favorite's Accounts Receivable department within 15 days. This notification must be made by one of the following means:

By telephone: (800) 676 - 3456
By fax: 866-291-1511
By e-mail: accountsreceivable@favoritestaffing.com

By U.S. Mail to: Favorite Healthcare Staffing, Inc.
Attn.: Accounts Receivable
7255 W. 98th Terr., Suite 150
Overland Park, Kansas 66212

- L. Pay interest not to exceed 1% per month of the unpaid portion, as allowable under Iowa Code section 8A.514..
- M. **Flipping**. During the term of this Agreement, if, and to the extent that, any THP whose profile is submitted by Favorite to Client and is working at Client's facility for Favorite, Client agrees that it will not, and will cause its affiliates not to, interfere with the business of Favorite by inducing that candidate to become employed by any other party at Client's facility (e.g. no "flipping").

4. COMPLAINTS AND GRIEVANCES

If unable to resolve a problem or complaint at the branch or department level, please refer to our Client Grievance Policy located on our website at www.favoritestaffing.com for instructions on how to submit a

grievance to Favorite or to report concerns to The Joint Commission. Client may submit a grievance in writing to the corporate office by mail or by email to clientcomments@favoritestaffing.com or by calling our corporate office Human Resources/Quality Assurance Director at 800-676-3456.

5. THE JOINT COMMISSION

The Joint Commission standards under which Favorite is certified relate to quality and safety of care issues as impacted by Favorite's temporary healthcare professionals. Anyone believing that he or she has pertinent and valid concerns about such matters should report these to the management of Favorite Healthcare Staffing either at the branch office or the corporate office (please see our web site at www.favoritestaffing.com for contact information). If the concerns cannot be resolved through Favorite, the individual is encouraged to contact The Joint Commission.

Phone:	800-994-6610	Mail:	Office of Quality and Patient Safety
E-Mail:	patientsafetyreport@jointcommission.org		The Joint Commission
Fax:	630-792-5636		One Renaissance Boulevard
Online:	www.jointcommission.org		Oakbrook Terrace, IL 60181

6. FEE SCHEDULE

- A. Fees for services are those rates stated in Exhibit B and are subject to change with written notice. Favorite and CLIENT agree that rates will be reviewed annually and will be subject to incremental adjustments at a minimum rate in accordance with the current Consumer Price Index. Such adjustments shall apply when applicable as an offset to increasing overhead costs attributable to expenses such as but not limited to: payroll taxes, workmen's compensation, unemployment expenses, health benefits, meals/incidentals and lodging, etc. Rate adjustments will be provided with a written notice.
- B. Direct Hire and Temp to Perm Fees are those fees stated in Exhibit C.

7. NOTICE

Any notice required by this contract shall be delivered via first class U. S. mail or via email to:

State of Iowa - Medical Staffing

Attention: Jacob Nicholson, Response Division
Administrator
Address: 7900 Hickman Rd. Ste 500
City, State, Zip: Windsor Heights, IA 50324
Email: jacob.nicholson@iowa.gov

Favorite Healthcare Staffing, Inc.

Attn: Contracts & Rates Administration
Address: 7255 W 98th Terrace
Building 5, Suite 150
City, State, Zip: Overland Park, KS 66212
Email: contractsmgr@favoritestaffing.com

Address for notice may be changed, from time to time, by either party upon written notice.

8. TERM & TERMINATION

- A. This agreement is made and shall commence on 7/27/2020 and may be terminated with a 30 day written notice by either party except that the agreement shall remain in effect with respect to and until the end date of any Traveler assignment made by Confirmation pursuant to this Agreement.
- B. Termination for Cause by Client. Client shall have the right to terminate this Agreement if Favorite materially breaches this Agreement and fails to cure such breach within thirty (30) days after receiving written notice from Client specifying such default.

- C. Termination for Cause by Favorite. Favorite shall have the right to terminate this Agreement if Client materially breaches this Agreement and fails to cure such breach within thirty (30) days after receiving written notice from Favorite specifying such default.
- D. Termination for Insolvency. A party will be deemed in breach of this Agreement if such party becomes or is declared insolvent or bankrupt, is the subject of any proceedings relating to its liquidation or insolvency, or for the appointment of a receiver, conservator, or similar officer, is unable to pay its debts as they become due, makes an assignment to or for the benefit of its creditors, or ceases to conduct business for any reason on an ongoing basis leaving no successor in interest.
- E. Actions upon Termination. In the event that Client shall terminate this Agreement in accord with the provisions of this Agreement, Client acknowledges and agrees that any Assignments that have not otherwise expired or been terminated shall not be terminated by the termination of this Agreement, shall not interfere with any THPs providing Services and unless agreed to in writing by Favorite, Favorite's THPs shall continue to perform the designated Services.
- F. Survival of Termination. The parties agree that sections 3 (K), 3 (L), and 1 (B)/Exhibit C will survive the termination or suspension of this Agreement. For the avoidance of doubt, the provisions of 1 (B)/ Exhibit C shall survive with respect to job postings submitted prior to termination, whether or not such jobs are filled by candidates before or after the termination date.

9. MISCELLANEOUS

- A. The terms herein stated represent the total Agreement between Favorite and Client and this Agreement may not be changed or modified without written acceptance.
- B. This Agreement may be modified or amended by mutual written agreement and supersedes all prior Agreements of the parties.
- C. This Agreement shall be governed by the laws of the State of Iowa.
- D. In the event services are provided to Client by Favorite, and this agreement is not signed, Client's acceptance of our services will be deemed as acceptance of the terms of this agreement.
- E. Unless otherwise agreed upon in writing, Favorite's *Standard Terms and Conditions of Service and Standard Hiring Practices*, shall apply and are published at the www.favoritestaffing.com public website and can be found by going to "MENU", "CLIENT SERVICES". All of these current Terms and Conditions have already been incorporated into this agreement. Changes to any Terms and Conditions on Favorite's public website after execution of this agreement shall not apply to this agreement unless expressly agreed to by both parties.

[Signatures on following page]

10. AGREEMENT SIGNATURES:

**Favorite Healthcare Staffing, Inc.
("Favorite") 72**

**State of Iowa - Medical Staffing
("Client")**

By: Michael J Bellari
Michael J Bellari (Jul 28, 2020 11:42 CDT)

By: V. Joyce Flinn
V. Joyce Flinn (Jul 28, 2020 11:34 CDT)

Authorized Signatures:

- Debra MacLeod, RN, Senior Vice President
- Christopher Brink, President
- Paul Brown, Vice President
- Keenan Driver, Vice President
- Corey Shepard, Vice President
- Michael Bellari, Vice President
- Stephanie Render, Regional Director

Name: V. Joyce Flinn
Please Print

Title: Director

Date: Jul 28, 2020

Date: Jul 28, 2020

1. THE FOLLOWING DOCUMENTATION COLLECTED AND RETAINED IN THE PERSONNEL FILE FOR ALL PERSONNEL:

- A. Picture Identification: A photo I.D. from a reliable source.
- B. Pre-Employment Screening Attestation: All applicants are subjected to a 10-panel drug screen and otherwise tested in accordance with applicable regulatory requirements.
- C. Criminal Background Investigation Attestation: Employees are checked in a manner compliant with the requirements of Client and always in accordance with government regulations.
- D. I-9: Documentation and verification upon Pre-employment
- E. Education: Documentation of Education associated with profession/class. (Accepted if it is documented on the application)
- F. Work History: Documentation of work history associated with profession/class or as required by client. (Accepted if it is documented on the application)
- G. References: At least two satisfactory written or verbal references verifying work performance in applicable clinical areas.

2. THE FOLLOWING DOCUMENTATION COLLECTED AND RETAINED IN THE PERSONNEL FILE FOR CLINICAL PERSONNEL:

- A. License Verification: Primary Source On-Line Verification of the employee's license/certification verified with the state, unless the state does not offer verification.
- B. Certifications: C.P.R. card and/or other certifications (ACLS, PALS, etc.) as required by policy and client requirements.
- C. Skills Inventory: A comprehensive skills inventory appropriate to job classification and age-specific self-assessment.
- D. OIG/GSA: Automatically checked on all new hires and then approximately every 1-3 months thereafter.
- E. Annual Training and Orientation: Evidence of a yearly review of Fire & Safety, Infection Prevention, Hazardous Waste, Joint Commission Patient Safety Goals and OSHA and HIPAA Privacy and Security standards.
- F. Health and TB Test: Pre-employment health self-assessment. Upon hire, TB within the past year/or TB questionnaire and current clear chest x-ray. Other specific health requirements as directed by client or state health guidelines. Each applicant must have received the Hepatitis B vaccination series or have provided a declination.
- G. Testing: Documentation of applicants' competency tests for most clinical staffing areas. A passing grade of 80 percent or better must be obtained. Certain specialty areas and paraprofessional testing may be replaced with client interview or other evaluation.

3. INTERVIEW, PLACEMENT AND ORIENTATION:

- A. Prospective employees are interviewed by the branch director or designee. During the interview, emphasis is placed upon work history and clinical expertise.
- B. Information is provided to applicants regarding performance requirements, Favorite's policies and procedures and, in many cases, specific policies and procedures of client institutions.
- C. The assignment of employees is made with consideration for the skills and expertise of the employee, the needs of the client and ultimately the client's acceptance of the suitability of the employee to perform the duties of the assignment.
- D. Favorite Healthcare Staffing, Inc. assists its client institutions, as requested, with implementation of their orientation policies and procedures.

Last Revised 2/24/2020



**EXHIBIT B
RATES & TERMS**

1. RATES

Effective 7/27/2020 the following rates will take effect for State of Iowa - Medical Staffing. Rates are subject to change with a written notice.

Classification	Hourly Bill Rate	Hourly Bill Rate	Hourly Bill Rate
	Tier 1	Tier 2	Tier 3
Admin Assistant	28.00	45.00	60.00
Case Manager	69.00	80.00	95.00
Certified Nursing Assistant	34.00	45.00	60.00
CRT/RRT	66.00	115.00	130.00
Cook	31.00	41.00	55.00
Direct Care	30.00	40.00	55.00
EMT	41.00	45.00	60.00
Environmental Services	32.00	40.00	55.00
Laundry Worker	32.00	40.00	55.00
LPN/LVN	60.00	85.00	100.00
Licensed Social Worker	69.00	80.00	95.00
Medical Assistant	39.00	50.00	65.00
Medical Assistant – Nationally Certified	40.00	50.00	65.00
Medical Lab Tech	60.00	85.00	100.00
Medical Receptionist	29.00	45.00	60.00
Medical Technologist	63.00	85.00	120.00
Mental Health Tech	36.00	65.00	80.00
NP/PA	120.00	160.00	175.00
OT/PT	89.00	115.00	130.00
Pandemic Healthcare Worker	46.00	65.00	80.00
Paramedic	49.00	65.00	80.00
Patient Care Assistant/Tech	34.00	50.00	65.00
Pharmacist	120.00	160.00	175.00
Pharmacy Tech	37.00	65.00	80.00
Phlebotomist	40.00	55.00	70.00
RN	71.00	125.00	140.00
RN Charge	76.00	135.00	145.00
RN – Infection Control	107.00	145.00	160.00
Security	35.00	45.00	60.00
Social Worker	69.00	80.00	95.00

2. OVERTIME

Work week begins Monday at 7:00 AM. Weekend rates begin Friday at 3:00PM and end Monday at 6:59AM. Overtime rates will apply as indicated by local labor statute.

Hours in Excess of:	Per:	Overtime Multiplier:
40.00	Week	1.50

3. HOLIDAYS

The following holidays will be charged at 1.5 times the regular rate:

HOLIDAY	SHIFTS
Memorial Day Eve; July 3rd; Labor Day Eve; Thanksgiving Day Eve	11-7
New Year's Day; Memorial Day; July 4th; Labor Day; Thanksgiving Day; Christmas Day	7-3, 3-11

4. CANCELLATIONS

A. Per Diem

Minimum billing rate once supplemental personnel have started to work is 4 hours.

Client may cancel 2.00 hours prior to the start of the shift. If Client cancels with less than a 2.00 hour notice, Favorite will bill for 2.00 hours at the regular hourly rate.

B. Travel/Contract

1. Client may cancel an assignment prior to starting with a two (2) week prior written notice. If Client gives less than a two (2) week prior notice, Favorite will bill Client for one (1) week at the appropriate bill rate.
2. In the event Client finds it necessary to terminate a Contract THP's assignment during the assignment, for no fault of Favorite or Contract THP, the Client shall reimburse Favorite for one (1) week at the appropriate bill rate, and for all contractual obligations for transportation and housing incurred as a result of Favorite's placement of Contract THP with Client.
3. Client acknowledges that a reimbursement or other expense allowance arrangement exists between the parties with respect to housing and meals paid to healthcare professionals who are on travel assignments. Favorite will provide a statement to Client on an annual basis of the reimbursement amount which may be subject to tax deduction limitations.

5. OTHER

A. Orientation

Favorite will bill Client for all orientation at the Tier 1 regular hourly rate.

Crisis Terms:

1. If THP is exposed while on assignment at your facility to Coronavirus (COVID-19) which results in quarantine due to this exposure or contraction of COVID-19, Client agrees to pay Tier 1 regular rate for missed shifts not worked during quarantined period.
2. Orientation will be billed at the Tier 1 hourly rate.
3. Overtime will be billed at 1.5 times the appropriate tiered hourly rate for hours worked over 40 hours in one week.
4. Holidays will be billed at 1.5 times the appropriate tiered hourly rate, or as stated in the original Agreement.
5. Client must provide CDC recommended PPE for all THPs on Coronavirus (COVID-19) assignment. THPs may refuse to work an assigned shift without penalty and Favorite reserves the right to terminate this agreement if THP safety is not or cannot be maintained.
6. Minimum assignment must be 36 hours per week for a minimum of 6 weeks contract per THP for contract/travel assignments.
7. Favorite may choose to use Subcontract Suppliers to help provide staff for this project as necessary. Favorite will be responsible for communicating requirements to the

Subcontractors. Favorite will also maintain proof of the required insurance coverage from Subcontract Supplier.

Due to the large volume and time sensitive nature of providing these staffing efforts to Client, as a short-term measure, Favorite is implementing a modified credentialing process in order to provide staffing support. Favorite will collect the following credentials for staff:

- License Verification
- CPR Certification
- CBC

Favorite will ask staff being provided under this MOU the following screening questions:

Screening Questions:

- o Do you have a fever?
- o Do you have a worsening cough or flu-like symptoms?
- o Have you traveled outside the country?
- o Have you been in close contact with someone, including health care workers, confirmed to have the coronavirus disease without proper PPE?

Payment Terms:

1. Due to large payroll amounts during this crisis, payment will be due within 30 Days from Invoice Date.



**EXHIBIT C
PERMANENT PLACEMENT OPTIONS**

These terms shall apply unless this right is specifically protected in accordance with state and/or local law.
 (In accordance with the MN Statute 144A.72 Favorite will not, in any MN contract, with any MN employee or MN health care facility, require the payment of liquidated damages, employment fees, or other compensation should the employee be hired as a permanent employee of a health care facility. *The following Direct Hire/Temp to Perm terms will apply for all allied personnel and/or personnel not providing "direct patient care"; excluding clinical RNs, LPNs, and CNAs in the State of Minnesota*)

THE FOLLOWING POLICY AND FEE SCHEDULE SHALL APPLY TO DIRECT HIRE PLACEMENTS:

The direct hire fee shall be equal to the following percent of the candidate's first year's annualized salary for any candidate presented to Client by Favorite who accepts a position with any clinic, group, healthcare facility or organization owned, operated, or affiliated with Client whether or not in Client's actual local community. Salary amount will be listed on the employment letter for the candidate. In the event Favorite submits a candidate that has been in Client's database, but has not been contacted by Client within 45 days, the candidate is considered eligible to be presented through Favorite.

Position Level	Job Specification	Direct Hire Fees
Staff Position	Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant, Case Manager, Charge RN, Health Informatics	18%
Mid-Level	Nurse Practitioner, Physician Assistant, Department Manager/Director	20%
Executive Level	Director of Nursing, VP Operations and C-Level Healthcare Personnel	25%
Physicians		\$20,000

A. Client agrees to make payment to Favorite in the following manner:

- i. Client will be invoiced upon confirmation of placement for each candidate.
- ii. Full payment of the direct hire fee will be due to Favorite upon receipt of the invoice date.

B. Direct Hire Guarantee:

The Direct Hire Guarantee will apply if payment is received within ten (10) days of the date on the invoice. In the unlikely event that the client is unsatisfied with a candidate provided by Favorite prior to completion of ninety (90) days of the start date the client may choose to end the candidate's employment. Favorite will work with Client to replace the candidate, or Client will be issued a credit on a replacement as follows:

0 – 30 days	75% credit
31 – 60 days	50% credit
61 – 90 days	25% credit

- i. No replacement will be offered in the event of layoff, a substantial change in the original job description, or elimination of the position.
- ii. Credits may be used immediately or within twelve (12) months beginning at the termination date. A credit may be used for the original candidate search; any deviation from this will need to be approved in advance by Favorite.
- iii. Client will not directly hire a candidate from Favorite or another staffing agency for 12 months from when Favorite initially presented the candidate for hire. If the 12-month period is not honored, the full Direct Hire Fee's associated above shall apply.
- iv. If applicable, and if/when advanced practice services are requested (NPs and/or PAs), it is the responsibility of the CLIENT to have an executed copy of the Collaborative Agreement between the advanced practice personnel and the collaborating physician.

C. Temp-to-Perm Option:

A Temp-to-Perm position will include a temporary hourly bill rate and a reduced permanent placement (conversion) fee upon the successful completion of the temporary portion of the assignment based on the fee schedule as shown below. Full payment of the placement fee and invoices for services prior to conversion are due within 30 days of the Temporary Healthcare Professional's start date as an 'employee' of the client. These terms shall apply unless this right is specifically protected in accordance with state and/or local law.

Hours Worked at Facility Through Favorite:		Permanent Placement Fee:
0-249	=	100% of Direct Hire Fee
250-579	=	75% of Direct Hire Fee
580-1079	=	50% of Direct Hire Fee
1080+	=	25% of Direct Hire Fee