

SAMPLE ATTACHMENT

Contingent Faculty Member / Physician: NAME

Contract period: 01/01/2024 - 06/30/2024

Payroll Adjustment Forms, based on shifts worked, will be completed bi-weekly

___ Services

1) Monday-Friday Standard Per Diem Shifts (Days)

Shifts

Worked Shift Rate Est Hrs Total Pay

Spillover Shift 0 x \$250 1 \$0.00

Mini Shift Shift 0 x \$750 3 \$0.00

Half Shift 0 x \$1,500 6 \$0.00

Full Shift 0 x \$3,000 12 \$0.00

\$0.00

2) Monday-Friday Standard Per Diem Shifts (Nights)

Shifts

Worked Shift Rate Est Hrs Total Pay

Spillover Shift 0 x \$300 1 \$0.00

Mini Shift Shift 0 x \$900 3 \$0.00

Half Shift 0 x \$1,800 6 \$0.00

Full Shift 0 x \$3,600 12 \$0.00

\$0.00

3) Holiday and Weekend Per Diem Shifts

Shifts

Worked Shift Rate Est Hrs Total Pay

Spillover Shift 0 x \$350 1 \$0.00

Mini Shift Shift 0 x \$1,050 3 \$0.00

Half Shift 0 x \$2,100 6 \$0.00

Full Shift 0 x \$4,200 12 \$0.00

\$0.00

Total Compensation \$0.00