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INDEPENDENT CONTRACTOR AGREEMENT & UNEMPLOYMENT
COMPENSATION WAIVER

I, _____ hereby acknowledge that my status is that of an independent contractor and as an Independent Contractor (herein after "IC") I am deemed self-employed. I understand that the work that I perform as an IC will be paid at a rate of _____hour. Further I understand I will not be supervised by **Nurses On Call** or any of it's employees, however will provide satisfactory IC services to **Nurses On Call** Clients. I agree and understand that as an IC. I am resonponsible for the payment of all required state and federal taxes including but not limited to, FICA (Social Security and Medicare taxes), state or federal unemployment worker's compensation insurance, disability insurance. I acknowledge and agree that as an IC, I am not eligible for any employee benefit programs and that I will make no claim against **Nurses On Call** for sick leave, vacation, employee pension, retirement profit sharing or benefits of any kind

The following signature hereby indicates that I have read and agree to the terms stated herein.

BY _____

Signature

Printed Name _____

Address _____

Social Security Number or Taxpayer Identification number _____

Date