ESSENTIAL INFORMATION
FOR SUCCESSFULLY MANAGING
THE DETAILS OF YOUR
TRAVEL ASSIGNMENT
Welcome!

Welcome to American Mobile Healthcare, and thank you for choosing us as your travel Company. We have put together this handbook as a ready reference to answer all of the “How do I…?” questions you may have before, during, and after your assignment. After reading, if you have any additional questions, please don’t hesitate to contact a Company representative Monday through Friday during normal business hours.

American Mobile Healthcare, a leader in the travel industry, fosters excellence in patient care by recruiting highly qualified Healthcare Professionals and placing them on temporary travel assignments throughout the United States. Our goal is to provide the best service to our Healthcare Professionals as well as to their assignment health care facilities and assist you in getting the most out of your travel career. American Mobile Healthcare is a division of our parent Company, AMN Healthcare, which is committed to achieving our business objectives in accordance with the highest ethical standards. All employees are responsible for acting in an ethical manner in all aspects of their work and should refer to our Code of Business Conduct and Ethics available online at http://www.amnhealthcare.com/uploadedFiles/MainSite/Content/About/AMN-Code-of-Business-Conduct-and-Ethics.pdf.

Know that when you take an assignment with American Mobile Healthcare, you will have chosen a Company that is committed to putting you and your career first—we will focus on you personally and professionally.

- American Mobile Healthcare

This handbook replaces all previously issued handbooks and is effective beginning January 1, 2020. It is designed to supplement your Professional Services Agreement. In the event of a conflict between your agreement and this handbook, your Professional Services Agreement takes precedence. Please clarify any inconsistencies or questions with your Recruiter.
## Critical Content – Quick Reference Guide

| Benefits | Enrollment for **benefits** must be completed in the CONNECT TO YOUR HEALTH portal within 30 days of your assignment start date. Look for the portal logo on the bottom right corner of The Service Connection (TSC) to get started.

Benefits will **end** on your last day of assignment unless you start your next assignment within 24 days. You will be offered **COBRA** to continue the benefits on your own.

Enroll in the AMN 401(k) Retirement Plan with Prudential on the Tuesday after you receive your first paycheck. Enroll online at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

| Clinical Managers | AMN Clinical Managers and Clinical Directors are available during regular business hours to assist our Healthcare Professionals with clinical or professional concerns while on assignment. **24-hour coverage is provided** through the “On Call” Clinical Manager for emergencies requiring immediate resolution. The AMN after hour’s phone number is 800-282-0300.

| Credentialing Requirements | Healthcare Professionals must meet and maintain the professional **credentialing standards** (called “Requirements”) to ensure you are able to start on time and remain on assignment. Items needed to complete your credentialing process include but are not limited to:

- Licensure/Certifications
- Medical Records/Drug Screening
- Exams/Skills Checklist
- Background Check

| Housing | **Pet Policy:**

We are happy to accommodate your furry friends! If you plan to **travel with a pet**, please be sure to let your Recruiter know before you confirm your assignment and find out about the associated costs and availability. A non-refundable pet fee is charged for one or more pets going on assignment with you. This fee will be divided between your first 2-3 paychecks. You will be emailed about these deductions. Pet rent is charged to you based on the Hotel or Property’s pet rent policy. This deduction will be prorated and taken from paychecks throughout the assignment.

**Traveling Companion:**

If you are **traveling with a travel partner, spouse, significant other and/or a child/children**, be sure to let your Recruiter know as soon as possible so we may find appropriate lodging and give authorization to the Property for these companions to reside in your unit. Not informing the Property of other occupants may interfere with your scheduled move-in.

**Special Requests and Co-payments:**

Our team will work diligently to find you comfortable housing. **Non-standard housing requests**, such as private two-bedroom apartments, specific properties, special requests and amenities or specific commute times will be researched and accommodated whenever possible. Such requests typically will require you to cover the additional cost of the housing when applicable.

| Payroll Information | **Tax Residence Qualification:**

The IRS requires that taxes be paid on your housing benefits and/or other travel expense reimbursements (meals, mileage etc.) unless you maintain a **tax home residence** while traveling on a temporary assignment. If you do not complete and return the Tax Home Declaration Form for each assignment or meet the tax home criteria, the Company is required to treat any housing benefits and/or other travel expense reimbursements paid to you as taxable income. **Publication 463** explains the criteria for declaration of a tax residence and the difference between temporary (one year or less) and indefinite assignments for tax purposes.

**Per Diem Adjustment:**

The lodging and meals per diem is provided as outlined in your Professional Services Agreement in the form of actual housing or a lodging per diem/ reimbursement. In the event you are not providing services as expected, you may not meet the conditions to receive the full amount of the reimbursement and a **per diem adjustment** will be made on your paycheck.

**Expense Reimbursement:**

The Company maintains the accountable plans according to IRS regulations for **expense reimbursements** and allowances. Any reimbursements outlined in your Professional Services Agreement will be processed within 14 days of receiving acceptable proof of payment and after your assignment has started.

**Wages:**

**Holiday pay rates**, if applicable, will be reflected on your Professional Services Agreement. Recognized holidays may vary from Facility to Facility and can be different from their permanent staff. For details, please follow up with your Recruiter or Customer Support.

| Time Keeping | We pay all of our Healthcare Professionals for time worked in an accurate and timely manner, in accordance with applicable laws, while maintaining required time records. You are responsible for accurately reporting your time worked. |
# Table of Contents

- **Welcome!** .................................................................................................................. 2
- **Critical Content – Quick Reference Guide** ................................................................. 3
- **Important Contact Information** .................................................................................. 10
- **Our Purpose and Values** ............................................................................................ 11
- **The Service Connection** ............................................................................................ 12
- **Payroll and Timekeeping Information** ...................................................................... 12
  - Wages ............................................................................................................................ 12
  - Overtime ......................................................................................................................... 12
  - On-Call and Call-Back .................................................................................................... 12
  - Shift Differentials .......................................................................................................... 13
  - Holiday Pay .................................................................................................................... 13
  - Bonuses ......................................................................................................................... 13
  - When Payroll is Provided by the Facility ....................................................................... 13
- **Allowances and Reimbursements** .............................................................................. 13
  - Meals and Incidentals .................................................................................................... 13
  - Housing Allowance ....................................................................................................... 13
  - Per Diem Adjustment ..................................................................................................... 14
  - Calculation and Timing of Housing Allowance Payments ............................................ 14
  - Travel Reimbursement .................................................................................................. 14
- **Timecards and Facility Timekeeping Systems** ............................................................ 15
  - Shifts Worked Outside of Contract Dates .................................................................... 16
  - Off The Clock Work ...................................................................................................... 16
  - A Note on Working at Federal Government Facilities .................................................... 16
- **Meals and Rest Periods** ............................................................................................. 16
- **Pay Schedule** ............................................................................................................. 17
- **Direct Deposit Service** .............................................................................................. 17
- **Tax Information** .......................................................................................................... 17
  - W-4 ................................................................................................................................. 17
  - W-2 ................................................................................................................................. 18
  - Expense Reimbursements ............................................................................................. 18
  - Tax Residence Qualification ......................................................................................... 18
- **Work Schedule/Time Off** ........................................................................................... 19
- **Housing** ...................................................................................................................... 19
  - Introduction .................................................................................................................... 19
  - Critical Information ....................................................................................................... 19
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Selection</td>
<td>21</td>
</tr>
<tr>
<td>Hotels</td>
<td>21</td>
</tr>
<tr>
<td>Housing Special Requests and Co-Payment</td>
<td>21</td>
</tr>
<tr>
<td>Other Occupants</td>
<td>22</td>
</tr>
<tr>
<td>Pets</td>
<td>23</td>
</tr>
<tr>
<td>Furniture</td>
<td>23</td>
</tr>
<tr>
<td>Utility Offerings and Overage Charges</td>
<td>24</td>
</tr>
<tr>
<td>Move-In</td>
<td>25</td>
</tr>
<tr>
<td>Maintenance</td>
<td>25</td>
</tr>
<tr>
<td>Move-Out</td>
<td>26</td>
</tr>
<tr>
<td>Post Assignment Cleaning, Ending Utility, and Damage Fees</td>
<td>26</td>
</tr>
<tr>
<td>Assignment Extensions</td>
<td>27</td>
</tr>
<tr>
<td>Healthcare Professional Housing Responsibilities</td>
<td>27</td>
</tr>
<tr>
<td><strong>Health Benefits</strong></td>
<td>27</td>
</tr>
<tr>
<td>Health Insurance Marketplace</td>
<td>27</td>
</tr>
<tr>
<td>Group Medical, Dental, Vision, Life Insurance and other Voluntary Benefits</td>
<td>28</td>
</tr>
<tr>
<td>Eligibility</td>
<td>28</td>
</tr>
<tr>
<td>Enrollment</td>
<td>28</td>
</tr>
<tr>
<td>Health Benefits Coverage Post Assignment</td>
<td>28</td>
</tr>
<tr>
<td>What is COBRA?</td>
<td>29</td>
</tr>
<tr>
<td>Medical Plans</td>
<td>29</td>
</tr>
<tr>
<td>Dental Plans</td>
<td>29</td>
</tr>
<tr>
<td>Vision Plan</td>
<td>29</td>
</tr>
<tr>
<td>Supplemental Life/Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</td>
<td>29</td>
</tr>
<tr>
<td>Voluntary Accident, Critical Illness, Hospital Indemnity, Short Term Disability and Legal Plan</td>
<td>29</td>
</tr>
<tr>
<td><strong>Additional Benefits</strong></td>
<td>29</td>
</tr>
<tr>
<td>401(k) Savings Plan</td>
<td>29</td>
</tr>
<tr>
<td>Benefits</td>
<td>30</td>
</tr>
<tr>
<td>Company Match</td>
<td>30</td>
</tr>
<tr>
<td>Electronic Enrollment</td>
<td>30</td>
</tr>
<tr>
<td>Limits</td>
<td>30</td>
</tr>
<tr>
<td>Saving for Retirement</td>
<td>30</td>
</tr>
<tr>
<td>Commuter Benefits</td>
<td>30</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>30</td>
</tr>
<tr>
<td>Referral Program</td>
<td>31</td>
</tr>
<tr>
<td>Professional Liability Insurance Coverage</td>
<td>31</td>
</tr>
<tr>
<td>Education and Professional Development Benefits</td>
<td>31</td>
</tr>
</tbody>
</table>

American Mobile Healthcare Handbook 5
Sexual Harassment .................................................................................................................. 42
Other Types of Harassment ...................................................................................................... 42
Complaint & Investigation Procedure ..................................................................................... 43
No Retaliation .......................................................................................................................... 43
Reporting .................................................................................................................................. 43
Disability Accommodations ..................................................................................................... 43
  Requesting a Reasonable Accommodation ............................................................................. 43
  Medical Information ............................................................................................................... 44
  Accommodation Determinations ............................................................................................ 44
Leaves of Absence .................................................................................................................... 44
  Family and Medical Leave ...................................................................................................... 44
  Military Service Leave Policy .................................................................................................. 46
  Medical Leave of Absence for Work-Related Illness or Injury ................................................. 46
  Leave Under the Americans With Disabilities Act (ADA) ....................................................... 47
  Additional Unpaid Leave Policies ........................................................................................... 47
  Paid Sick Leave ...................................................................................................................... 47
Substance-Abuse Prevention Policy .......................................................................................... 47
  Prohibited Activity .................................................................................................................. 47
  Discipline ................................................................................................................................ 48
  Drug & Alcohol Testing Requirements .................................................................................. 48
  Procedures for Drug & Alcohol Testing ............................................................................... 49
  Refusing a Test ....................................................................................................................... 50
  Confidentiality ....................................................................................................................... 50
  Compliance With All Applicable Laws ................................................................................ 50
Dispute Resolution ................................................................................................................... 50
State-Specific Addenda ............................................................................................................. 51
  Arizona Handbook Addendum ............................................................................................... 51
    Arizona Paid Sick Time ........................................................................................................ 51
    Arizona National Guard Leave ........................................................................................... 51
  California Handbook Addendum ............................................................................................ 51
    California Meal Periods ....................................................................................................... 51
    California Rest Periods ....................................................................................................... 52
    California Sexual Harassment Policy .................................................................................. 52
    California Paid Sick Leave – State and Local Laws ............................................................ 52
    California Family Rights Act (CFRA) Leave ....................................................................... 52
    California Pregnancy Disability Leave (CPDL) and Accommodation ............................... 53
    San Francisco Paid Parental Leave Notice ........................................................................ 54

American Mobile Healthcare Handbook 7
State Disability Insurance (SDI) and Paid Family Leave (PFL) ........................................54

**Colorado Handbook Addendum** .................................................................54
  Colorado Meal Periods ...........................................................................54
  Colorado Rest Breaks ..........................................................................54

**Connecticut Handbook Addendum** .......................................................55
  Connecticut Meal Periods ......................................................................55
  Connecticut Pregnancy Disability Leave ..............................................55

**Delaware Handbook Addendum** ..........................................................55
  Delaware Meal Break ............................................................................55

**District of Columbia (Washington D.C.) Handbook Addendum** ...............55
  Washington D.C. Accrued Sick and Safe Leave Act ................................55

**Hawaii Handbook Addendum** ...............................................................55
  Hawaii Family Leave Notice .................................................................55

**Illinois Handbook Addendum** ................................................................56
  Illinois Pregnancy and Your Rights in the Workplace............................56
  Illinois Equal Employment Opportunity ..............................................57
  Illinois Nondiscrimination & Anti-Harassment ...................................57
  Illinois Meal and Rest Breaks ...............................................................57
  Chicago and Cook County Paid Sick Leave Ordinances .......................57

**Kentucky Handbook Addendum** ...........................................................57
  Kentucky Meal and Rest Breaks ............................................................57

**Maine Handbook Addendum** .................................................................57
  Maine Meal and Rest Breaks .................................................................57

**Maryland Handbook Addendum** ..........................................................58
  Maryland Earned Sick and Safe Leave ................................................58

**Massachusetts Handbook Addendum** ..................................................58
  Massachusetts Pregnant Workers Fairness Act .....................................58
  Massachusetts Paid Sick Leave ..........................................................59
  Massachusetts Sexual Harassment .......................................................60
  Massachusetts Meal Breaks .................................................................60

**Minnesota Handbook Addendum** .........................................................60
  Minnesota Meal and Rest Breaks .........................................................60
  Minnesota Wage Notice Disclosure ....................................................60
  Minneapolis and St. Paul Sick and Safe Paid Time ................................60

**Nevada Handbook Addendum** ..............................................................60
  Nevada Meal and Rest Breaks ..............................................................60

**New Hampshire Handbook Addendum** .............................................61

American Mobile Healthcare Handbook
New Hampshire Meal Breaks ................................................................. 61

New Jersey Handbook Addendum ..................................................... 61
  New Jersey Earned Sick Leave Act .................................................. 61
  New Jersey Family Leave Act (NJFLA) ............................................. 61
  New Jersey Family Leave Insurance (NJFLI) and Temporary Disability Insurance (TDI) .... 61

New York Handbook Addendum .......................................................... 62
  New York State Paid Family Leave .................................................. 62
  New York City Paid Sick Time ......................................................... 62
  New York Meal Breaks ................................................................... 63

Oregon Handbook Addendum ............................................................ 63
  Oregon Meal and Rest Breaks ......................................................... 63

Pennsylvania Handbook Addendum .................................................... 63
  Philadelphia Wage Theft Ordinance ................................................. 63

Rhode Island Handbook Addendum .................................................... 63
  Rhode Island Meal Breaks ............................................................ 63
  Rhode Island Sick and Safe Leave .................................................. 63
  Rhode Island Temporary Disability and Caregiver Insurance .......... 64

Tennessee Handbook Addendum ........................................................ 64
  Tennessee Meal Breaks ............................................................... 64

Texas Handbook Addendum ............................................................. 64
  Dallas Paid Sick Leave Ordinance .................................................. 64
  San Antonio Sick and Safe Leave Ordinance .................................. 64

Vermont Handbook Addendum .......................................................... 65
  Vermont Earned Sick Time ............................................................ 65

Washington Handbook Addendum ..................................................... 65
  Washington Meal and Rest Breaks .................................................. 65
  Washington Family Medical Leave ................................................. 65
  Washington Family Care Leave ...................................................... 66
  Washington Paid Sick Leave ......................................................... 66
  Seattle Paid Sick Leave ................................................................ 67
  Washington Paid Family and Medical Leave .................................. 67

Appendix ............................................................................................. 68
  Health Insurance Marketplace Coverage Options and Your Health Coverage .................. 68
    PART A: General Information ....................................................... 68
    PART B: Information About Health Coverage Offered by the Company Healthcare ....... 69

Excerpt From IRS Publication 463 ....................................................... 70

American Mobile Healthcare Handbook
Important Contact Information

Benefits Team (877) 744-1546 www.yourbenefitsportal.net
Customer Support (877) 777-8086 https://tsc.americanmobile.com
Employee Assistance Program (844) 888-9780 www.guidanceresources.com
Internal Revenue Service (IRS) (800) TAX-FORM www.irs.gov
Prudential Retirement Customer Service (877) 778-2100 www.prudential.com/online/retirement
Continuing Nursing Education (CNE) and Professional Development (866) 244-8667 The Learning Center at AMN
Email: tlc@amnhealthcare.com
The Service Connection (TSC) https://tsc.americanmobile.com/
Workers’ Compensation Hotline (855) 326-9722
Risk Management Department (866) 206-5498 (866) 894-2747 (FAX)

Refer a Friend

Tell your friends and coworkers about American Mobile Healthcare for a chance to earn a referral bonus. Please see the American Mobile Healthcare website for more information and qualifications: http://www.americanmobile.com/referralform.aspx
Our Purpose and Values

HELPING ACHIEVE
PROFESSIONAL & PERSONAL GOALS
EVERYDAY

Respect
We treat our team members, customers and vendors with the highest level of personal and professional consideration, courtesy, and care as we value each person’s unique contribution.

Trust
Our relationships are characterized by honesty as reflected in unshakable confidence that we will hold fast to our commitments.

Passion
We are driven to urgency by zealous concern to be the best we can for the people we work with and the customers we serve.

Customer Focus
We maintain a singular focus throughout our service chain on satisfying our customers through a relentless pursuit of excellence.

Continuous Improvement
We continuously seize opportunities to improve our processes and ourselves in ways that add value within a culture that fosters innovative ideas and proactive changes.

Innovation
We focus on the future and bring new ideas to life that generate differentiated value for our stakeholders.
The Service Connection

Welcome and congratulations on signing your Professional Services Agreement and beginning your new assignment. While on assignment, you may have questions or concerns pertaining to payroll, housing, reimbursements, benefits and other travel related issues. Our Customer Support team is available to offer general assistance Monday through Friday, 5:00 a.m. to 5:00 p.m. PST.

The Service Connection website at www.americanmobile.com is also available to you 24/7 and provides access to a wide variety of information during your assignment. You'll have access to view your paycheck, verify hours worked, direct deposit information and earnings detail. We also provide access to review your contract and offer you the ability to submit online forms that are needed prior to the start of your assignment. Additionally, while on assignment you'll be able to verify we’ve received your timecard, as well as view additional assignment opportunities and enjoy connections to local services. We encourage you to explore The Service Connection (TSC) by visiting the site tutorial link on the site's home page after logging in https://tsc.americanmobile.com/.

Most importantly, we want you to know that you truly matter to us and we are here to help. We know that you want your concerns taken care of quickly, accurately and courteously. That's our goal, too! We are always looking for ways to improve our service and value your opinion, so please give us a call or send us an e-mail with your suggestions.

The following sections describe in more detail the processes governing your travel experience. Please review the information and contact us with any questions you may have.

Payroll and Timekeeping Information

Depending on your assignment location, you may be paid by the Company or directly by the assignment Facility. Timekeeping and other policies and procedures will also vary by assignment and Facility. It will be important for you to understand the particular policies and procedures used for each assignment. The following are some general guidelines.

Wages

Refer to your Professional Services Agreement for your specific hourly wage and information concerning other payments such as: assignment holiday pay, on call, charge, call-back, and shift differentials. The rates and information reflected on your Professional Services Agreement will govern the assignment, so please contact your Recruiter immediately upon receipt of your Professional Services Agreement if you have any questions.

Overtime

The Company follows federal and state wage and hour laws for payment of overtime worked. Some Facilities do not authorize overtime work for contract staff. It is very important that you obtain approval from your Manager at the Facility prior to working any overtime. In addition, your Manager must also approve the overtime on your timecard. Federal law requires overtime to be paid after 40 hours in any given workweek. State laws vary on overtime calculations.

On-Call and Call-Back

Your on-call rate, if applicable, is specified in your Professional Services Agreement and will be paid for those hours you are designated as "on-call". The Facility will provide direction regarding on-call time for your specific assignment. Generally, you will be required to carry a pager or otherwise be accessible by phone and respond to calls / return to the Facility within thirty to forty-five minutes. This may be referred to as “uncontrolled” on-call or stand-by time. If you are required to remain on the premises or respond or
return in a shorter amount of time, please notify Customer Support, as you may be entitled to a different hourly rate.

The call-back rate specified in your Professional Services Agreement is paid for the time worked when called-back to the Facility after being placed or scheduled on call.

**Shift Differentials**

If shift differentials are offered, they are reflected on your Professional Services Agreement and may be different than those recognized by the Facility for their own staff. Differentials are paid based on hours worked or majority rule as determined by the Facility.

**Holiday Pay**

Holiday pay rates, if applicable, will also be reflected on your Professional Services Agreement. Dates and shifts for holiday pay may be different than those recognized by the Facility for its own staff. Most assignments provide for time-and-one-half your regular wage for eligible holiday hours worked. Please contact Customer Support for exact holiday dates and pay for the specific assignment.

**Bonuses**

Some assignments offer a bonus. Your Professional Services Agreement may describe the type and amount of any bonus that applies to your assignment and any requirements or conditions. Completion bonuses are the most common, and will typically require a minimum hours commitment and a limit on the number of shifts that can be missed. Completion bonuses are generally paid two to three weeks after completion of the assignment. Sign-on bonuses are typically paid upon completion and submission of time sheets showing four weeks of worked hours. All bonuses, with the exception of sign-on bonuses, may be contingent upon full completion of the assignment.

**When Payroll is Provided by the Facility**

If you are being paid directly by the Facility, you will obtain all payroll information from your direct Supervisor or the Human Resources Department at the Facility.

The IRS requires us to obtain a W-4 Form for our records even if your wages are paid by the Facility. There is also a requirement that you complete the appropriate State Withholding exemption form where applicable. Please complete the electronic W-4 Form and State Withholding Form available on The Service Connection. The Company follows all federal and state laws in withholding and depositing mandatory taxes.

**Allowances and Reimbursements**

**Meals and Incidentals**

Included in your Professional Services Agreement is a daily meals and incidentals allowance for the reimbursement of those expenses incurred while on assignment. The allowance will be provided in accordance with IRS regulations.

**Housing Allowance**

You have the option of living in Company-provided housing or receiving a lodging per diem (sometimes referred to as housing allowance, stipend, or subsidy). The amount of the lodging per diem varies from assignment to assignment, according to the costs of each city or region of the country where assignments are located and may be taxable or non-taxable depending on your tax home qualification. The lodging per diem is provided pursuant to an accountable plan under IRS regulations, and requires that you incur any reimbursed expenses in connection with performing work for the Company and return any excess reimbursements (i.e. where amounts are not connected to work performed for the Company). For additional information on tax home rules, please refer to the Tax Information section of the Handbook.
**Per Diem Adjustment**

The lodging and meals per diem is provided as outlined in your Professional Services Agreement in the form of actual housing or a lodging and meals per diem/reimbursement. In the event you are not providing services as expected, for example, you miss shifts or take time off, you may not meet the conditions to receive the full amount of the reimbursement and a per diem adjustment will be made on your paycheck. If your missed shift is due to a documented Facility call-off, you will not incur an adjustment. You will receive a notification before an adjustment is applied.

**Calculation and Timing of Housing Allowance Payments**

If you are paid by the Company and elect a lodging per diem, the payments are included with each paycheck and calculated on actual shifts worked based on the amount outlined in the Professional Services Agreement.

**Note:** If you are on a Facility paid payroll assignment, your subsidy will be paid on a monthly schedule. Lodging per diem payments will be mailed on the 15th of the month. If the 15th falls on a Saturday or a Sunday, the subsidy is mailed on the Friday prior to the 15th. Assignments with a start date after the 15th of the month will be processed on the 1st of the month. Payments going forward will be mailed on the 15th.

**Travel Reimbursement**

Healthcare Professionals typically use their own vehicles for travel to and from assignments. If you will not have access to a vehicle, let your Recruiter know so we may assist in selecting assignments with access to public transportation. On some contracts you will be offered a reimbursement for “arriving travel” to get you out to your assignment and/or a reimbursement for “ending travel” to get you back home after your contract ends. If available, travel reimbursement will be specified in your Professional Services Agreement.

The Company has adopted an IRS accountable travel reimbursement plan. The benefit of this plan is that you may not be taxed on the travel reimbursement you receive for travel to and from your assignment. The IRS does not permit non-taxable reimbursement for vacation travel. Therefore, the non-taxable status may only apply to travel from your home to an assignment, or from one assignment to another, or to your home after assignment completion. The non-taxable status does not apply if you go on vacation between assignments. In order to protect the tax-free status of this plan, you must complete and sign statements certifying the accuracy of the odometer readings on the request for reimbursement. If you have flown to or from your assignment, you must certify that the plane ticket stub(s) submitted is for travel to and/or from the assignment.

**Arrival Travel**

Arrival travel is travel taken to get to your assignment location. Reimbursement of your arrival travel is processed within two weeks upon receipt of your accurately completed and signed E-Travel Reimbursement Request located on The Service Connection and once your assignment has started.

**Ending Travel**

Ending travel is travel taken to return home once your assignment is complete, or to get to your next assignment. Reimbursement of your end travel is processed within two weeks upon receipt of your accurately completed and signed E-Travel Reimbursement Request located on The Service Connection and after you have completed your contract in full.

Reimbursement request forms should be submitted no later than 30 days after the end date of your assignment. Due to IRS regulations, if a reimbursement request is received and processed more than 60 days after the end of your assignment, it may be subject to taxation.
Calculation of Reimbursement

For 13-week assignments in the 48 contiguous states, reimbursement is based on actual miles traveled to and from the assignment. Mileage is determined by using the difference between the odometer readings at the beginning and at the end of the trip. Mileage will be verified using mapping software. For most assignments, there is a per-mile reimbursement with a one-way amount cap.

Healthcare Professionals on assignment in Hawaii or Alaska will be paid either a flat amount of travel reimbursement each way if you do not drive to the assignment, or actual miles if you drive to the assignment locations. Please refer to your Professional Services Agreement for specific details.

When Travel is Reimbursed by the Facility

At some assignments, the Facility pays the travel reimbursement directly to you. Each Facility has its own policies for payment of travel reimbursement and may require receipts or other verification of your travel. It is important that you understand the Facility’s travel reimbursement policy before you leave for your assignment. Be sure to discuss this with the Facility’s Recruiter or the department Manager to whom you are assigned.

Local Healthcare Providers on Travel Assignments

The above excludes local healthcare providers. Local healthcare providers are travelers on a travel assignment within the geographic area of their tax home. Local healthcare providers are subject to a different compensation plan in order to comply with IRS guidelines. Please refer to your Professional Service Agreement for specific details. During audit review if we determine your tax home is within the geographic area of the facility you are placed at we will update your compensation package appropriately.

Timecards and Facility Timekeeping Systems

To report your time during each pay period, you will use either an AMN electronic timecard, or an AMN paper timecard, or Facility provided timecards, or use the facilities timekeeping system. If the Facility requires the use of an AMN electronic timecard or an AMN paper timecard, you may obtain these through The Service Connection. Do not use any other timecards. Each timecard includes specific date information as it relates to the pay period, and should be used for the appropriate timeframe. When filling out paper timecards, please use military time, write legibly, and stay within the boxes as these timecards are scanned directly into our payroll system. Please only use the special pay instructions box for information that is required to process your pay that is not already noted on the electronic timecard.

Depending on your assignment, your Facility Supervisor or Manager may fax your timecard directly to our Payroll Department, or may require you to accept this responsibility. Before the end of your first pay period, please determine who holds this responsibility and submit your timecard accordingly. Should you have any questions or require any clarification about your timecard, contact your Facility Supervisor or our Customer Support Team.

An authorized Facility employee must sign your timecards. You must account for the minimum required shifts per pay period and include explanations for any time off. Before the timecard can be processed, it must be fully completed, including the column for meal period(s). You must also note all schedule changes, such as sick time, requested time off, or exchanging hours on your timecard. If you do not work a scheduled shift, it is very important to indicate whether you or the Facility cancelled it. Additional information on timecard completion is provided with your timecards.

AMN has a mobile app called AMN Capture and can be found through either Google Play or the Apple Store. With AMN Capture you can take a picture of your timecard and send directly to our team. You will also be notified when we have received your timecard and when it was processed.
You may be required to report your time using a Facility timekeeping system. You will receive specific instructions from the Facility at the inception of the assignment regarding the use of their system. Please follow their instructions to assure accurate and timely processing of your payroll data.

**Shifts Worked Outside of Contract Dates**

Shifts worked must fall within the assignment dates of your Professional Services Agreement in order for the Company to process payment for the hours worked through the normal timecard and payroll process. If you work shifts either before or after your assignment start and end dates, or during scheduled and approved time off, you need to notify your Recruiter and provide the actual dates worked to ensure that you are paid accurately and timely for all hours worked.

**Off The Clock Work**

The Company’s policy is to pay for all hours worked. Healthcare Professionals are prohibited from performing any “off-the-clock” work. “Off-the-clock” work means work you perform but do not report on your time card. Healthcare Professionals must report all hours worked and do so accurately. No supervisor or manager has the authority to require, permit, or ask any Healthcare Professional to work off-the-clock or to otherwise work hours without reporting them. Healthcare Professionals must notify Customer Support immediately if they are told not to report all hours worked on their timesheet or are otherwise prevented or discouraged from accurately reporting all time worked. If you believe you have not been accurately paid for all hours you worked, you are expected to immediately notify the Company.

Accurate time submission is a serious matter and any falsification of time records will not be tolerated by the Company. The Company will investigate any concerns regarding off-the-clock work, and will also investigate any discrepancies in time-reporting. Evidence of falsifying records or fraud may be reported to the appropriate licensing board or any certifying agency and/or responsible criminal authorities, and may be grounds for termination.

**A Note on Working at Federal Government Facilities**

The Company complies with the Service Contract Act and pays Healthcare Professionals working at federal government Facilities in accordance with the law. While working at a federal government Facility you are entitled to a minimum health and welfare benefit, as determined by the Department of Labor. The Company meets this requirement by offering all eligible Healthcare Professionals working at federal government Facilities the opportunity to enroll in its insurance program and paying a cash equivalent to make up the remainder of the required benefit amount. You are also entitled to certain paid holidays while working at a federal government Facility, as determined by the Department of Labor. On your one year anniversary, you become eligible for vacation pay based on the number of hours you have worked at a federal government Facility. If you have questions about benefits, paid holidays or vacation pay for Healthcare Professionals working at federal government Facilities, contact the Government Contracts Compliance Manager at (800) 282-0300.

**Meal and Rest Periods**

The Company provides Healthcare Professionals with meal and rest breaks as required under applicable federal and state laws. The policies related to the timing and reporting of meal and rest breaks vary by Facility. When you arrive at your assignment, please be sure to check with the facility Manager, or Supervisor to determine any policies relating to scheduling, taking and reporting your meal and rest breaks. Regardless of the timecard or time-keeping system you are using on your assignment, you must accurately report all time worked. Breaks greater than 20 minutes should be reflected on your timecard. If you do not take a meal break, please make sure your time record accurately reflects that no break was taken and/or you follow the Facilities procedure for reporting missed meal periods.
Pay Schedule

Pay periods are weekly or biweekly and the scheduled pay day is Friday. Timecards must be transmitted via fax or according to your Facility’s timekeeping procedures, to the Company by 5:00 p.m. Pacific Standard Time (8:00 p.m. Eastern Standard Time) on the Monday after the pay period ends. The Payroll fax lines are available 24-hours a day. The phone number can be found printed on the Company provided timecards. If you are using a Facility provided timecards, please call Customer Support to get the correct fax number at (877) 777-8086.

Direct Deposit Service

We offer you the opportunity to have your paycheck deposited directly into the bank accounts of your choice free of charge. You have multiple direct deposit options:

- You may have your entire check deposited into one checking or savings account.
- You may designate a specific dollar amount of your check for deposit into up to two separate checking or savings accounts.
- You may designate a specific dollar amount of your check for deposit into one or two accounts, and the remainder issued to you as a partial paycheck.

We strongly encourage Healthcare Professionals to use the direct deposit option, as it is the most efficient route of distributing payroll across the United States. As an added benefit that provides increased security of private information, Healthcare Professionals who participate in the direct deposit program will receive their pay stubs electronically via a secure link on The Service Connection. You may also obtain paper copies of your pay stubs instead of electronic copies. Simply contact Customer Support at (877) 777-8086 to request paper pay stubs. To initiate direct deposit, please complete the electronic form available on The Service Connection. Because clearing time varies from bank to bank, and from paycheck to paycheck, you should verify that your pay is credited to your account before writing checks. If you have a question about direct deposit, please contact one of our Customer Account Managers.

Tax Information

W-4

In order to establish your tax withholding status, please complete the electronic W-4 Form available on The Service Connection before the end of the first week of your assignment. We recommend that you complete a new W-4 annually. *If your completed Form W-4 is not received by the end of your first pay period, the default tax set up is “single” as marital status with zero exemptions until we receive a completed Form W-4.*

If your deduction status changes at any time during your employment, you may complete and submit a new W-4 Form and we will change your deductions accordingly. Changes are made only on a go-forward basis from our date of receipt. We are not able to make retroactive changes. Your tax withholdings will be reflected on your pay stub. If you submit a change to your withholdings, it is your responsibility to review your pay stub to ensure the change has been received and processed. Contact your Customer Account Manager if you have any questions regarding the status of your deductions.

If you are on the Company payroll, state and local income taxes appropriate for your assignment will be withheld from your check according to the laws of that state. A state or local tax form is available on The Service Connection and must also be completed and faxed with your completed W-4 to your assigned Customer Account Manager. *If your completed state tax form(s) are not received by the end of your first week on assignment, the default tax set up is “single” as marital status with zero exemptions until we receive a completed state tax form.* The Company follows all federal and state laws in withholding and depositing mandatory taxes.
The Company issues W-2 tax forms to every Healthcare Professional who has been paid on a Company payroll assignment during the previous tax year. These statements are sent to your tax home address according to your Tax Residence declaration form. If you do not have a tax residence, then they are sent to the permanent address on file.

Please update this information or submit postal service change of address forms with each move as you travel. If you are employed on the Facility’s payroll for a given assignment, keep the Facility’s human resources or nursing office informed of your current address and contact the Facility if you do not receive a W-2. If you are employed on the Facility’s payroll but also received taxable payments from the Company, you will receive a W2 from both the Facility and the Company.

Expense Reimbursements

The Company maintains accountable plans according to IRS regulations for reimbursements and allowances. The Company must have specific documentation that confirms the actual payment and what the payment covers. Additionally, to be considered a non-taxable reimbursement, it must be for a valid business expense as defined by IRS regulations. If the Company has agreed to reimburse you for expenses you have incurred (other than Meals & Incidentals and Lodging), we can accept only the following documentation for reimbursements:

- A copy of the front and back of the cancelled check showing the amount paid and, if applicable, the period covered. This does not mean a copy of a duplicate check. It must be a cancelled check received from your bank along with an explanation of the payment;
- If you have payments automatically deducted from your bank account or a credit card, submit a copy of the bank statement or credit card statement and add documentation explaining the deduction or charge;
- A detailed receipt or statement from the place of business showing your name, the amount paid and, if applicable, the period covered. This includes hotel statements and car rental receipts.

For Canadian Healthcare Professionals: Fees for a TN visa can be verified with the visa as proof of payment and do not require receipts. However, if the amount paid was more than $50, receipts must be submitted in order to be reimbursed for the full amount paid.

Any requests for reimbursement made without the above documentation of payment will be delayed until proper documentation can be obtained. You should submit documentation of proof of payment within 30 days of the last day of work on the assignment. Reimbursement requests submitted later than 60 days after the assignment end date may be subject to taxation.

Tax Residence Qualification

The IRS requires that taxes be paid on your housing benefits and/or other travel expense reimbursements (meals, mileage, etc.) unless you maintain a tax home while traveling on a temporary assignment. If you do not return a completed Tax Home Declaration Form or meet the requirements for claiming a tax home, the Company is required to treat any housing benefits and/or other travel expense reimbursements paid to you as taxable income.

The IRS has issued Publication 463 that explains the criteria for declaration of a Tax Residence. This Publication also explains the difference between temporary and indefinite assignments for tax purposes. An excerpt from IRS Publication 463 has been provided to you in the handbook appendix. The complete IRS Publication is available on The Service Connection. You may also obtain the entire IRS Publication 463 and additional tax information by calling the IRS at (800) TAX-FORM or visiting the IRS Internet site at https://www.irs.gov/. Additionally, many Healthcare Professionals consult with a tax advisor to be certain their situation is thoroughly and correctly assessed. We strongly urge you to do the same.
An electronic Tax Residence Declaration Form is available on The Service Connection and MUST be completed annually (regardless of status change) or sooner if you have a change in status. If you qualify for an exemption from tax withholding on your housing benefits and/or other travel expense reimbursements, it will become effective on the date that the signed declaration is received. **The exemption cannot be retroactively implemented.**

**Note:** The tax residence exemption requires an employee be on a temporary assignment. The IRS definition of temporary is one year or less. Therefore, if you continue working in the same geographic location for more than a year, you would by definition no longer qualify for this exemption.

If you are working within 50 miles of your tax residence, you will be paid as a local healthcare provider. Any reimbursement paid to you is deemed to be taxable in nature.

### Work Schedule/Time Off

We recommend that prior to the beginning of your assignment, you review and confirm your anticipated work schedules including:

- Holidays
- Weekends
- Overtime
- Extra shifts
- Make-up shifts in the event of illness or scheduled time off

You may be eligible to take unpaid time off as permitted by the Company and the Facility in accordance with federal and state law. Please refer to the Employment Practices section of the handbook regarding time off and leaves of absence. If you are ill, injured, or otherwise unable to work for any reason and anticipate being unable to return to work for a period of three or more days, please call your Recruiter immediately. It is imperative that you follow the Facility policy when calling in ill to reach the correct contact prior to the cut-off time.

### Housing

**Introduction**

The Company is pleased to provide standard housing and it is a helpful alternative to receiving lodging per diem. If you elect to receive Company provided housing, our team of territory experts will work diligently to find you safe, clean, quality private one bedroom or studio accommodations within a reasonable commute time of your Facility.

**Critical Information**

- **The Service Connection** (TSC) website is a valuable resource for housing related information and questions.

- **Properties are selected** based on safety, quality, pricing, short term lease availability, and distance from Facility. Standard Company provided housing typically entails a studio or one bedroom apartment.
Hotels are often necessary for assignments under 10 weeks or if an apartment is not quite ready at your move-in date. We work hard to limit Hotel stays for assignments longer than 10 weeks.

Housing requests and demands must be communicated to your Recruiter as soon as possible. Two bedrooms, pets, partners, children, amenity requests, floor or location preference and commute times should all be discussed up front so our team is able to best to meet your needs based on availability. Requests made after housing has been assigned may not be accounted for.

Co-pays may be required when specific housing requests and demands result in higher than standard housing costs. If applicable, these details would be communicated to you by your Recruiter.

Travel Partners including children are welcome! Criminal background applications are a requirement for all tenants 18 years and older.

Pets are welcome! Please carefully read through our pet policy section below. There is a non-refundable fee charged for one or more pets going on assignment with you. Pet rent is charged based on the Hotel or Property’s pet rent policy.

Standard furniture and utilities are included. Housewares are not included. Phone, cable and internet must be set up and paid for by the Healthcare Professional. See below for a list of what is included in the furniture package.

A standard cleaning fee may occur when an apartment is selected for your assignment.

When extensions occur we are typically able to work with the Property and keep your original assigned housing. However, there are times when the unit is not available to extend and a move may be necessary. The sooner we know about an extension the better chance we have of extending the lease, so please keep your Recruiter notified as soon as possible if you are interested in an extension.

Move-In, Move-out and Maintenance: Move-in and move-out forms can be found in The Service Connection website. We highly encourage you to fill out the Property supplied inspection documentation as well as the AMN form and do a walk through with a Property team member upon move-in and move-out. Documenting the condition of the unit is the only way we are able to fight against damage charges. Any damage related charges can be charged to the traveler directly. Most Properties have 30 days to assess damages and provide an invoice. If you have a maintenance issue, always contact the Property directly for the fastest response.

Please be aware, many of the Properties and Hotels we use are non-smoking. Be sure to let your Recruiter know if you need smoke-friendly housing and to be safe, check with the Property or Hotel to avoid possible charges for smoke damage.

Renter’s Insurance is your responsibility. The Company is responsible for liability insurance to cover the unit and the rental furniture, not personal belongings. Many Properties require renter’s insurance.

Bed Bugs, although rare, are an unfortunate reality. Be certain to contact the apartment complex and your Recruiter as soon as you believe you may have bed bugs. Please read below under “Maintenance” for more bed bug related details.
Property Selection

When you elect to live in Company provided housing in lieu of receiving the lodging per diem, our Housing Department will work diligently to fulfill our commitment to provide safe, quality housing within a reasonable commute time for you. To accomplish this, we use the following means of identifying complexes to partner with:

- National contract with the top rated residential property management companies
- Use of local rental agents and third party housing companies
- Endorsements of our contacts at healthcare Facilities
- References by local Chambers of Commerce
- Recommendations of current and previous Healthcare Professionals
- Internet website searches

Regarding commute distance, our goal is to offer housing within a reasonable distance of the assigned Facility. We strive to find units within a 30 mile or 45-minute commute to the contracted Facility. Metro areas can have longer commute times based on traffic. On occasion, commute times may be longer based on safety in the immediate area of the Facility. To verify the distance and commute given by the Property’s leasing agent, we also confirm the reported information with internet mapping services.

Hotels

There are times when it may be necessary to place you in a Hotel for a portion or all of your assignment. A Hotel may be necessary due to the lease availability of an apartment or an assignment of 10 weeks or less. Some Technician specialties require Hotel stays as the only standard housing option. Please check with your Recruiter if you have any questions.

If you are being housed in a hotel for any period of time, check-in will be one day before your assignment start day and check-out will be one day after your last shift.

Note: Upon check-in, you may be asked to provide a credit card for incidentals. You are responsible for any charges due to incidentals. Upon check-out, turn in any keys with front desk personnel. If you are not going to arrive to the Hotel as planned, please call to cancel the reservation within 24 hours. Communicate with your Recruiter if you need to adjust a reservation at any time. If last minute cancellations take place you may be responsible for cancellation fees.

Housing Special Requests and Co-Payment

- Non-standard housing requests, such as private two-bedroom apartments, specific properties, special requests and amenities or specific commute times will be researched and accommodated whenever possible. Such requests typically will require you to cover the additional cost of the housing when applicable.

- Co-payments are prorated for each pay period based upon the number of days in that pay period and deducted from each paycheck. If your assignment begins or ends in the middle of the pay period, that payment will likewise be prorated based on the number of days in the pay period.

- If last minute changes from Lodging Per Diem to Housing occur within two weeks of your contracted start date, you may be held responsible for associated costs.

The daily prorated amount is determined using the following calculation:
Monthly co-payment x 12 months = annual co-payment / 52 (weekly) / 7 (weekly pay schedule) or / 26 (biweekly)/14 (bi-weekly))

For example:
Weekly Pay Cycle: $300 x 12 = $3,600 / 52 = $69.23 / 7 = $9.89 per day
Bi-Weekly Pay Cycle: $300 x 12 = $3,600 / 26 = $138.46 / 14 = $9.89 per day

The following example uses a housing co-payment of $300/month and an assignment of 13 weeks (August 19 through November 17, 2013) with a Bi-Weekly pay cycle.

<table>
<thead>
<tr>
<th>September</th>
<th>8/19 to 8/30 = 11 days x $9.89</th>
<th>(pay date 9/06)</th>
<th>$108.79</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/31 to 9/13 = full pay period</td>
<td>(pay date 9/20)</td>
<td>$138.46</td>
</tr>
<tr>
<td></td>
<td>9/14 to 9/27 = full pay period</td>
<td>(pay date 10/04)</td>
<td>$138.46</td>
</tr>
<tr>
<td>October</td>
<td>9/28 to 10/11 = full pay period</td>
<td>(paydate10/18)</td>
<td>$138.46</td>
</tr>
<tr>
<td></td>
<td>10/12 to 10/25 = full pay period</td>
<td>(pay date 11/01)</td>
<td>$138.46</td>
</tr>
<tr>
<td>November</td>
<td>10/26 to 11/08 = full pay period</td>
<td>(pay date 11/15)</td>
<td>$138.46</td>
</tr>
<tr>
<td></td>
<td>11/9 to 11/16 = 7 days x $9.89 =</td>
<td>(pay date 11/22)</td>
<td>$69.23</td>
</tr>
</tbody>
</table>

Other Occupants

If you are traveling with a travel partner, spouse, significant other and/or a child/children, you must inform your Recruiter as soon as possible so that the Company may find appropriate lodging and give authorization to the Property for these companions to reside in your unit. Not informing the Property of other occupants may result in eviction.

- Most of our Properties require all tenants 18 years and older to complete a criminal background check application. Please be aware that you and your travel partners would be subject to the results of this application.

- Many states have “Two Heartbeat” laws limiting residents to two people per bedroom. Be sure to let your Recruiter know your needs. If non-standard housing is required, a co-payment is typically required to cover the additional cost of housing multiple people.

- If you are traveling with children, it is your responsibility to arrange for and ensure appropriate child care and/or supervision for any children residing in Company provided housing. If children are inappropriately left alone in the unit, the Property may have grounds to evict.
Pets

If you plan to travel with a pet, please let your Recruiter know before you confirm your assignment. Many, but not all, housing complexes allow animals and most have breed and/or size restrictions. It is very important that the Housing team has all details regarding your pet(s). Here are key points to consider when bringing a pet.

- A **non-refundable pet fee** is charged for one or more pets going on assignment with you. This fee will be divided between your first 2-3 paychecks. You will be emailed about these deductions.

- **Pet rent** is charged to you based on the Hotel or Property’s pet rent policy. This deduction will be prorated and taken from paychecks throughout the assignment.

- Occasionally, non-standard housing is necessary to house pets which could result in a co-pay.

- You are responsible to cover any damages or excessive cleaning above and beyond standard cleaning to the unit.

- You are responsible for any damage or excessive cleaning to the furniture in your unit. Most Properties have 30 days to assess damages and provide an invoice.

- Vet documentation may be required by Property.

- If you bring a pet that is not approved by the Property, you run the risk of possible eviction and the associated costs.

- Depending on your assignment location, housing availability may be limited or unavailable for Healthcare Professionals with multiple pets.

- Service animals are welcome and may require appropriate documentation per Property.

- **Failure to notify the Company of pets or to understate the weight of dogs may result in the Property’s immediate termination of the lease and necessitate a mid-assignment move. In such a case, you are responsible for all costs incurred.**

Furniture

The Company rents furniture for your apartment and has it delivered on your scheduled move-in day. Most furniture deliveries are made in the afternoon. If you arrive prior to the furniture delivery, please be sure to move your personal belongings out of the way of the delivery team or it could result in a delay of your furniture delivery.

If you have special furniture requests, please make them well in advance of your move-in to ensure your request can be accommodated and avoid additional delivery charges.

**Note:** Housewares packages are NOT included in our standard furniture package. However, for a co-pay, they may be available to rent in most areas. Please ask your Recruiter for details.

The following items are included in our standard furniture package based on market availability:

**Living Room:**
- Sofa
- Love seat or chair
- Coffee table
- End table (1)
- Lamp with shade (1)
- 32" TV
- TV stand (1)

**Kitchen/Dining Room:**
- Dining table
- Chairs (4)

**Bedroom:**
- Queen bed with headboard
- Night stand (1)
- Lamp with shade (1)
- Dresser with mirror (1)

- If you request a two-bedroom apartment, the second bedroom will be furnished with the same bedroom package listed.
- Furniture packages may vary slightly depending on the location and furniture vendor’s inventory availability.
- Please contact your Recruiter if you are requesting additional items such as a DVD player, sofa bed, recliner, microwave, vacuum, washer/dryer, air conditioner, etc. We will try to accommodate these requests when available.
- A co-pay will be collected for the rental of items ordered above and beyond the standard package.
- Costs associated with the delivery of items ordered after the move-in may apply and would be your responsibility.
- Damages to the furniture or missing furniture may result in charges to you upon move-out. To help avoid these charges, please document any furniture damages on The Service Connection move-in form.
- Please contact your Recruiter or Housing Account Executive immediately if any furniture is missing.

**Utility Offerings and Overage Charges**

The **Company pays for the gas, water, and electric service** provided to Healthcare Professionals in Company housing, except in the case of overages as noted below.

- **Air conditioning** is not a standard amenity in many areas, please discuss with your Recruiter if this is a demand.
- **The Company does not set up phone, cable or internet.** In most locations, you may arrange these services by calling the Property to find out the name of the service provider.
- Many Healthcare Professionals opt to use their cell phones in lieu of establishing separate long distance or land line service. You may arrange for local cable and/or internet services in advance of
move-in. If required by the local service provider, you may need to schedule an appointment for connection.

- You are responsible for your telephone, internet connection, and cable TV installation if desired, and any related service charges.

- If a gas, water or electricity bill is mailed directly to your unit address, please forward it to the Company immediately so that payment may be made without any service interruptions. Please email a photo of the bill to your Recruiter or send the bill directly to:

  AMN Services, LLC  
  P.O. Box 919024  
  San Diego, CA 92191-9024

- Utility Overage Charges can apply if the Company receives gas and electric utility charges as a result of utility overage, specifically gas and electric charges in excess of $125.00 per month. Payment of these expenses will be deducted from any compensation due to you, including paycheck or reimbursement, as permitted by law or invoiced to you for payment. Therefore, it is important that you use moderation with gas and electric utility services.

Move-In

- Your apartment is typically available for move-in two days prior to the start of your assignment. If you must arrive earlier to the assignment, please contact your Recruiter as soon as possible so arrangements can be made. If approval has been given and arrangements made, you may be responsible for costs associated with the early move-in.

- Please call the complex to determine its business hours and schedule your arrival to coincide with the business hours of the Property so that you may easily obtain your keys and perform a move-in inspection with the Property Manager.

- A joint move-in inspection with a leasing office staff member will reduce or eliminate conflicts over pre-existing damages, level of cleanliness, etc. An electronic move-in and move-out inspection form is available on The Service Connection for your convenience. **This process helps limit charges that may be determined upon move-out.

- If you cannot arrive during business hours, please make and confirm other arrangements to pick up your keys and schedule a move-in inspection with the Property Manager.

- The Company is not responsible for any Hotel or other costs you may incur if you arrive during off-hours and cannot access your apartment.

- If you are being housed in a Hotel for any period of time, check-in will be one day before your start day and check-out will be one day after your last shift. Upon check-in, you may be asked to provide a credit card for incidentals. Please check-out and turn in any keys with front desk personnel.

Maintenance

Our experience has shown that maintenance issues are quickly and most effectively resolved when handled directly between you and the Property, as you would do if you held the lease yourself. If your request has not been addressed with the Property within 24-48 hours, please call your Recruiter or Housing Account Executive to seek assistance.

**Bed Bugs:** The process to eradicate the problem is costly and time consuming. If you believe you have bed bugs in your unit, please contact the Property immediately to do an inspection. Next, contact
your Recruiter or the Housing Account Executive so we can get you the necessary procedure information and support you will need to rectify the situation as quickly as possible.

Our Properties and furniture vendors adhere to extremely stringent bed bug protocols in order to prevent bed bug activity and ensure a bed bug free environment. In most cases, neither the Property nor AMN will be responsible for any damage to your personal property (or related costs) resulting from bed bugs.

More detailed information including your responsibilities, possible associated costs and how to best protect and treat your belongings can be found in the TSC website.

**Move-Out**

- You will receive a move-out email reminder approximately two to three weeks prior to your scheduled move-out. If you receive the email in error and have extended your contract, please contact your Recruiter to let him/her know.

- Please make arrangements to move out of housing within 48 hours after the completion of your last shift.

- If your furniture is rented from an outside vendor, it will be picked up on your move-out date.

- To avoid turn-away fees, please allow the vendor to complete the pick up when they arrive. Additional rent from the Property may be incurred if the furniture remains in the apartment due to a turn away.

- If you have not vacated the unit before the furniture vendor arrives, you must be present if you have a pet or personal items remaining in the apartment to avoid possible charges. If you are not present, be sure to restrain the pet and have all personal belongings off of any rental furniture to avoid charges.

- It is strongly recommended that you schedule, and participate in, a final walk-through inspection with the apartment Manager before you leave to avoid being charged any unexpected damages.

- As an added convenience, you may complete the online move-out inspection form located on The Service Connection. If you completed the online inspection form at move-in, the move-out inspection form will automatically include the comments you submitted at move-in.

- Some Properties may utilize their own walk-through forms. We suggest that you obtain a copy for your records.

- Please turn in all property provided items such as your keys, gate remotes, parking passes, etc., before you leave to avoid being charged for lost items. Most Properties charge a fee for non-returned items.

**Post Assignment Cleaning, Ending Utility, and Damage Fees**

If the Company receives charges as a result of actions, omission or negligence regarding utility overage, property damages, theft or excessive cleaning to your housing assignment and/or furniture, you will be responsible for payment of these expenses. Payment for these expenses will be deducted from any compensation due to you, including paycheck or reimbursement as permitted by law, or invoiced to you for payment.

Therefore, it is important that you use moderation with utility services, inspect the furniture and apartment and notify the apartment Manager of any pre-existing damages or cleaning needed as soon as you move in. If you travel with pets, many apartments and furniture vendors charge for extra cleaning services such as flea treatments even if your pet did not have fleas.

American Mobile Healthcare Handbook
If you or someone you live with smokes, more often than not, Properties charge for carpet replacement, re-painting and/or ozone treatments to rid the unit of smoke. These charges are your responsibility and may be collected from any compensation due to you, as permitted by law.

Assignment Extensions

Our Housing Department continually works with rental Properties to try to keep the original housing for Healthcare Professionals extending assignments. Because Properties often re-rent units as soon as the Company gives the required notice (30 – 60 days), please obtain approval of any desired extension as early as possible. Occasionally, because of re-renting or other constraints outside of the Company’s control, it may be necessary for you to move into new housing accommodations.

Healthcare Professional Housing Responsibilities

Healthcare Professionals who live in Company-provided housing are expected to adhere to the following:

- Maintain a current renter’s insurance policy to cover personal property in case of theft or damage. The Company will not reimburse you for items lost in these situations.
- Maintain your living quarters in a clean, safe, and orderly fashion, bringing no harmful or illegal materials into the unit.
- Comply with all state and local laws regarding use of rental property, as well as all rules established by the Management or owner of the housing.
- Respect the solitude and privacy of other building residents.
- Accept responsibility for payment of any telephone, Internet and/or cable television bills.
- Remit any housing co-payments due as agreed in your Professional Services Agreement.
- Aside from occasional visitors, it is expected you will not have full-time “guests” unless living companions are previously disclosed on your preferences with your Recruiter.
- At some assignments, the client will provide your housing. In these situations, you will adhere to the client housing expectations as well as its processes, policies and procedures.
- If your assignment is canceled or terminated for any reason, the Company has no obligation to continue to provide housing for you, and you will be required to vacate Company provided housing within 48 hours. If deemed appropriate, you may be responsible for housing costs associated with your cancellation.

Health Benefits

Health Insurance Marketplace

The Company offers health coverage to all Healthcare Professionals working 30 hours or more a week and their eligible dependents. We also comply with the Affordable Care Act look-back requirements. The Company offers coverage that meets the government’s standards for minimum value and affordability. See Appendix for the marketplace notice regarding your rights and responsibilities under the Affordable Care Act.
Group Medical, Dental, Vision, Life Insurance and other Voluntary Benefits

The Company offers you the opportunity to enroll in medical, prescription, dental, vision, life insurance and other voluntary benefits.

Eligibility

You are in an eligible class for coverage under the plan if you are an employee, have begun work on an assignment and are scheduled to work 30 hours or more per week.* Coverage begin dates are based upon the plan option that you choose. You will have the option of changing plans during the annual Open Enrollment or if you are off assignment for more than 24 days. Open Enrollment takes place annually in the fourth quarter with a January 1 effective date. You may also enroll any dependents that fall into any of the following categories:

- Your lawful spouse or domestic partner;
- Your dependent child up to age 26 regardless of student status; or
- Your child with a mental or physical handicap who is over the age limit, as long as following conditions are met:
  - Cannot hold a self-supporting job due to the handicap; and
  - Depends on you for main support and care.

*Note: If your assignment is in Hawaii, you must be working an average of 20 hours a week.

Enrollment

If you are eligible for the Company’s health benefits, you will need to go online to The Service Connection (TSC) to obtain information about the coverage available to you and to enroll using the CONNECT TO YOUR HEALTH portal. You can also enroll by registering your account at www.yourbenefitsportal.net. Your enrollment must be completed and submitted within 30 days of your assignment start date. If your request for enrollment via the portal has not been received within that time frame, you will no longer be eligible to enroll in benefits unless you have a qualifying life event (i.e. marriage, divorce or loss of coverage elsewhere) and notify the benefits team within 31 days of the event. If you enroll after you receive your first paycheck, catch up deductions will be taken.

Coverage under the group insurance plan is dependent upon your compliance with plan requirements, including completion of all required enrollment material and continued eligible employment on assignment with the Company. If you don’t maintain employment at 30 scheduled hours, you will be eligible to continue your insurance coverage under COBRA, which is described below.

Health Benefits Coverage Post Assignment

Your insurance ends on the last day of your assignment unless you rebook and start a new assignment within 24 days. If you start a new assignment within 24 days of the last day worked on your previous assignment, you will be provided continuous health coverage. You are responsible for any missed premiums during this time off and the missed premiums will be deducted from your 2nd paycheck of your next assignment. Missed medical premiums that exceed $150 will have a deduction cap of $150 per paycheck until they are fully re-paid.

If you do not start your next assignment within 24 days, your coverage will be terminated effective your last day worked and you will be offered COBRA. By electing COBRA and making premium payments as required, you will be eligible to resume Company insurance on the start date of your new assignment. You must submit your elections via the CONNECT TO YOUR HEALTH portal at the beginning of your new assignment to ensure continuous coverage.
What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") was passed to provide employees (or former employees), their spouses, domestic partners, and their dependents with a temporary extension of group health insurance when coverage is lost due to specific events, or "Qualifying Events," including termination of employment. COBRA coverage is identical to the coverage provided to active employees, but paid for by the individual with no contribution by the Company. Employees who leave an employer’s group health plan are given the opportunity to purchase and maintain the same group health coverage for a period of time (generally 18 months) with some instances of additional extensions. COBRA coverage must be elected within sixty (60) days of coverage termination.

Medical Plans

Medical programs with differing levels of coverage are available for eligible Healthcare Professionals. Whether you are looking for a plan that provides “minimum essential coverage” or a more comprehensive medical program, you’ll have multiple medical plan options to choose from.

Dental Plans

There are two options of dental coverage depending on your dental needs. Both cover preventative, basic, and major services and differ in the maximum amount the plan pays towards services.

Vision Plan

The voluntary vision plan includes an annual eye exam for a small co-payment with an allowance for lens or contacts every 12 months and frames every 24 months.

Supplemental Life/Accidental Death & Dismemberment (AD&D) Insurance

You will be provided with a basic life and Accidental Death & Dismemberment (AD&D) insurance policy paid for by the Company. Additional life insurance for yourself or your dependents can be added at the beginning of your assignment and during the Open Enrollment period, which occurs each year during the 4th quarter with changes taking effect on January 1st. Additional coverage may require you to complete a health survey called an Evidence of Insurability (EOI). The premiums for the additional life insurance will be deducted from your paycheck.

Voluntary Accident, Critical Illness, Hospital Indemnity, Short Term Disability and Legal Plan

Also offered are Voluntary Accident, Critical Illness, and Hospital Indemnity plans to help supplement our medical plan offerings. Short Term disability is a benefit offered to help replace missed income during time out of work due to your own disability. The Legal plan provides you with consultations, legal tools and other valuable resources to protect yourself and your family from legal matters. Once enrolled, you are able to continue coverage regardless of your employment status with the Company. To find out more about these benefits, please contact Your Benefits Team.

Additional Benefits

Detailed information about the following benefits can be found on The Service Connection.

401(k) Savings Plan

The 401(k) is a retirement savings plan that allows you to contribute pre-tax dollars to a retirement account. The Company’s plan is administered by Prudential Retirement.
**Benefits**

- Tax savings on current income.
- Tax deferral on 401(k) earnings.

You must be on a Company payroll assignment to participate. If you enroll in the plan and later have a break between assignments longer than 60 days or take an assignment where the Facility pays you, you will not be able to make contributions during this period and your account will be inactivated. Your account may become active again upon beginning an assignment where the Company is issuing your paycheck provided you have re-enrolled with Prudential and have resumed contributions. Healthcare Professionals who meet the definition of Highly Compensated Employee (HCE) based on the IRS regulations are subject to the IRS non-discrimination rules and may be issued a refund of contributions based on the plans testing results. Eligibility is reviewed annually.

**Company Match**

The Company has a discretionary match which may change from year to year. Currently, the Company match is paid after December 31st of each year to Healthcare Professionals who participated in the plan and who worked 1,000 hours during the calendar year. The Company match is subject to plan vesting requirements.

**Electronic Enrollment**

You must contact Prudential Retirement to enroll, change the contribution percentage being deferred from your paycheck, change your investment options, or change your address. You may access Prudential’s web site at www.prudential.com/online/retirement. The contract number is 720480. If you have any questions, please contact Prudential Retirement directly. Contact information is located at the front of this handbook.

If you are new to the Company it may take up to 14 days for your new hire process to be completed with Prudential. If you are off assignment longer than 60 days between contracts, you will need to contact Prudential or go online to reactivate your contribution at the start of your next assignment.

**Limits**

You may defer up to 75% of your gross eligible wages up to the annual IRS dollar maximum. The maximum is determined annually according to cost of living increases. Participants over the age of 50 are permitted to contribute a catch-up deferral of up to $6,000 annually.

**Saving for Retirement**

It is never too early to begin saving for your retirement. The opportunity to contribute to the Company 401(k) plan is a great way to do that. The money that you contribute is always yours to rollover or withdraw (taxes and penalties may apply) when you leave the Company.

**Commuter Benefits**

In accordance with city required commuter benefits, the Company offers our Healthcare Professionals working assignments in San Francisco Bay Area, Washington DC and New York, the opportunity to pay for their commuting expenses (i.e. transit and/or parking) in a pre-tax manner up to the monthly IRS limits. Healthcare Professionals eligible for this benefit will be notified via email and must register with our partners at Wage Works by the deadline to enroll.

**Employee Assistance Program**

All Healthcare Professionals are eligible for coverage for Employee Assistance Plan (EAP) from their assignment start date. EAP provides confidential counseling, financial resources, legal support and work/life solutions to Healthcare Professionals and their family members. This benefit is fully funded by the Company.
and no enrollment is required. You may contact our EAP provider, Guidance Resources directly at (844) 888-9780 or access at www.guidanceresources.com Web ID is AMNHEALTHCARE.

**Referral Program**

The Company offers a Referral Program that rewards you for new Healthcare Professionals that you refer to us who start and complete a full assignment. Eligibility and referred disciplines change from time to time. Please ask your Recruiter for the most up to date program rules. To ensure that you are given credit, your referral must provide your name at the time of their application. Please visit the Company website for complete program rules and eligibility requirements.

**Professional Liability Insurance Coverage**

While on an assignment, the Company provides you with professional liability insurance coverage with a $2 million limit, paid for by the Company. There is no application to complete and coverage is effective for you on the first day of your assignment. This coverage does not extend to any services that you may perform outside of your assignment with the Company. To find out more about this benefit, please send your inquiry to the Risk Management Department at risk.management@amnhealthcare.com.

**Education and Professional Development Benefits**

The Learning Center at AMN is the online continuing nursing education (CNE) platform of AMN Healthcare. The Learning Center at AMN is dedicated to providing the nursing community with the highest quality, fully accredited continuing education online. Through these courses, nurses can become more professionally competent, increase their knowledge base and meet state and other licensing/certification criteria.

The Learning Center at AMN offers a number of education benefits, including FREE continuing nursing education as long as you remain active as a traveler with your travel company. All CNE courses on The Learning Center at AMN are accredited. The Learning Center at AMN offers hundreds of courses that are accepted by all state boards of nursing. New courses are added frequently, with most state required courses found on the web site (NOTE: Please check with your state board of nursing for specific state licensure requirements).

Most professional nursing certification organizations (e.g. CCRN, CEN) also accept The Learning Center at AMN courses for their continuing education (CE) re-certification requirements (NOTE: Please check with your professional nursing certification board to verify accepted courses). If you are seeking professional development and evidence-based best practices, The Learning Center at AMN has a variety of courses spanning various patient and healthcare issues to enhance your nursing profession.

**Tuition Discounts**

AMN partners with several universities to assist RNs in pursuing their BSN, MSN, DNP, or PhD degree. Discounts on university tuition are available with our education partners. Tuition partnerships are outlined on The Service Connection (TSC) website.

**Summary of Benefits**

Any description of employee benefits in this handbook only summarizes the provisions of a formal benefit Plan document and does not attempt to cover all of the details contained in the Plan document. The operation of the Plan, including events making you eligible or ineligible for benefits, the amount of benefits to which you (or your beneficiaries) may be entitled, and actions you (or your beneficiaries) must take to request and support a claim for benefits will be governed solely by the terms of the official Plan document. To the extent that any of the information contained in this handbook, a summary plan description (“SPD”), or any information you receive orally is inconsistent with the official Plan document, the provisions set forth in the Plan document will govern in all cases. If you wish to review the Plan document, please
refer to the section of the SPD (located on The Service Connection) for the specific benefit plan explaining your ability to review the Plan document or contact the Benefits Department for assistance.

Healthcare Professional Work Exposures, Injuries, Illnesses, or Liability Related Incidents

Workers’ Compensation Insurance

At American Mobile Healthcare, our focus on employee health and wellness means that we take workplace safety seriously. If an employee is injured on the job, our goal is to get that employee healthy and back to their usual work as quickly as possible.

A work-related injury, illness, or exposure that requires treatment beyond minor first aid requires you to open a workers’ compensation claim, which is separate from your health insurance.

Reporting a Work Exposure, Injury or Illness

Follow these steps to make sure you are properly reporting all work-related exposures, injuries, and illnesses:

1) Immediately notify your Supervisor at the Facility of any work-related exposure, injury, or illness regardless of the severity of the incident to meet OSHA requirements.

2) If the incident DOES NOT require medical treatment other than minor first aid, there is no need to open a workers’ compensation claim and no action is required beyond notifying your Supervisor at the Facility of the incident.

3) If the incident DOES require medical treatment other than minor first aid, you must open a workers’ compensation claim even if the only treatment is through the ED or Occupational Medicine department of the Facility where you are currently working.
   a. To open a workers’ compensation claim call the toll free number (855) 326-9722, which is available 24-hours-a-day, 7 days a week. The operator will assist you in finding a designated provider in your area if you need such assistance.
   b. You must provide the report/claim number and billing information to the treating provider and Facility. You will receive your report/claim number when you call in to report your claim. The billing information to give to the treating provider is:

      Gallagher Bassett
      P.O. Box 2831
      Clinton IA 52733
      Phone for Medical Providers Only: (800) 933-8143
      Fax: (303) 796-9498

Once a claim is filed you will automatically receive a FAQ addressing the most common questions relating to workers' compensation along with links and contact information for additional questions.

You must be released by your treating provider before you can return to your normal work if modified work is not available at your current assignment.

You must send a copy of the work status note you receive after every provider visit via fax to (866) 894-2747 or via email to risk.management@amnhealthcare.com.
You Have Reported a Work Injury … Now What?

The most important thing you can do to successfully navigate the workers’ compensation process is to stay in touch with your treating provider, claim adjuster, and your contacts at the Company. The workers’ compensation process can be confusing so here are a few quick points you should keep in mind:

- Once your workers’ compensation claim is opened you will receive a claim confirmation packet in the mail that includes several important forms that you must fill out and return as soon as possible. Without this paperwork your claim cannot be processed so it is important to complete it right away.

- If additional information is needed regarding your claim, a claim adjuster from Gallagher Bassett, the Company’s workers’ compensation administrator may contact you. You should provide all requested information to avoid delays in the handling of your claim, including timely payment of eligible benefits.

- You can also expect to receive calls from the Company’s Risk Management department and/or your regular contacts at the Company to discuss employment logistics – including the Company’s Return-to-Work program.

- You must send a copy of the work status note you receive after every provider visit via fax to 1-866-894-2747 or via email to risk.management@amnhealthcare.com. This will allow us to ensure your duties are permitted within the restrictions designated by your treating provider.

- You must be released by your treating provider before you can return to your normal work if modified work is not available at your current assignment.

- We offer an active return-to-work program with temporary, modified duty available as permitted within the work restrictions identified by your treating provider. Every effort will be made to return you back to work as soon as medically possible. Please be aware that declining an offer of modified work may jeopardize your benefits.

Texas Employees Only

In Texas, treatment relating to workers’ compensation claims must be rendered within the Company’s designated Health Care Network (HCN). This means that in general you are required to use network hospitals and doctors when seeking treatment for a work-related injury or illness. Additional details regarding the HCN program are provided in the information packet you receive when you accept an assignment in Texas and will be included in the packet you will receive from the insurance adjustor once you open your claim. Link to HCN to find providers: HCN Providers

California Employees Only

In California, treatment relating to workers’ compensation claims must be rendered within the Company’s designated Medical Provider Network (MPN). This means that in general you are required to use network hospitals and doctors when seeking treatment for a work-related injury or illness. Additional details regarding the MPN program are provided in the information packet you receive when you accept an assignment in California. Link to MPN CA ONLY providers: MPN CA ONLY Providers

Ohio, Washington State, North Dakota, Wyoming & U.S. Virgin Islands Employees Only

If you are injured while on assignment in Ohio, Washington State, North Dakota, Wyoming, or the U.S. Virgin Islands, you still call in your claims to (855) 326-9722. However, these jurisdictions have state-run (called “monopolistic”) workers’ compensation programs and a state adjustor will be assigned to your claim.

Occupational Exposure to Disease

If you are informed that you have been exposed to a contagious disease or a blood borne pathogen (e.g. Tuberculosis, Hepatitis B, HIV), immediately report this exposure as outlined in the “Reporting a Work Injury" section of your handbook.
Exposure, Injury or Illness” section above. (See your Workplace Safety and Patient Care Standards Manual for further information about exposure to contagious diseases and blood borne pathogens.) All testing and any necessary treatment for exposures are covered 100% under workers’ compensation. You must call in to open a claim for this coverage by calling the toll free number listed above. If you become ill and have reason to believe the illness is work-related, it is important that you immediately report the illness as outlined in the “Reporting a Work Exposure, Injury or Illness” section above just as you would an injury.

A Note About Workers’ Compensation Fraud

While the majority of participants in the workers’ compensation system are honest, workers’ compensation fraud is a serious concern. It is important that any potentially fraudulent activity relating to a workers’ compensation claim be immediately reported to the Company’s compliance hotline at (866) 264-5474. Workers’ compensation fraud is a felony and the Company supports prosecution of fraud. The Company is relying on you to help us to continue to make workers’ compensation coverage accessible and affordable and we depend on you to identify and report any suspicious activities.

Workplace Accommodations

If you have a latex or other workplace sensitivity or allergy, or require other workplace accommodation (e.g. powder/soap/mask allergy, cast/sling), you must complete the Work Related Allergies and Accommodations section of the Medical Records Release Statement (MRRS). The MRRS should be provided along with your physician statement to your CA.

Once you have accepted an assignment and based on the documentation you have provided, the Company will then request the accommodation of the Facility to determine if your specific needs can be accommodated for that assignment.

For information related to accommodation for qualified individual with a disability, please refer to the Disability Accommodation section of this handbook.

Professional Liability-Related Incident Reporting

If you are involved in an incident in which there may be an allegation of negligence, errors or omissions, abuse or harassment, a violation of rules or procedures, or if you are requested to give a statement, interview, or deposition relating to an incident or lawsuit, it is absolutely critical that you notify your Facility Supervisor and Company Clinical Manager/Director immediately. If you do not have a designated Company Clinical Manager/Director, please report the matter to Company’s Risk Management Department via risk.management@amnhealthcare.com or telephone at (866) 206-5498. A delay in reporting the matter could result in the professional liability insurance Company’s rejection of any claim that may result.

Reporting any involvement in a potential professional liability situation necessitates the collection of information. Before you call, try to have the following information available:

- What was the date and time of the incident? What shift were you working? What is the name of the patient involved?
- Where in the Facility did the incident occur?
- What were you doing at the time of the incident? How did it occur?
- Who were the witnesses to the incident (patients, visitors, other staff, physicians, etc.)?
- What was the nature of the incident?
- Did the incident result in injury?
- Have there been any threats of legal action? By whom?
- Was there any equipment malfunction associated with the incident?

If possible, review your charting notes related to the incident to familiarize yourself with the situation.

It is important that you refrain from discussing the incident with anyone other than a representative of the Company, your insurance carrier, or Facility Management unless specifically directed to do so by a Clinical Manager or other Company representative.
The Company is committed to responding to any written or verbal complaint or incident report within 14 calendar days of receipt. The company will:

- Acknowledge receipt of the report and will keep the individual reporting the incident or complaint informed of the Company’s next steps in addressing the report.
- Provide a report to applicable nursing board and/or department of health according to minimum reporting requirements, which may be no later than 24 hours after learning of the incident, and will provide the results of the investigation to applicable nursing board and/or department of health.
- Maintain information collected about the incident for a period of three years after the date the information is received or the company learns of the incident.

Note that the company must report any action or condition affecting the professional’s fitness to practice, that might be grounds for enforcement or disciplinary action, to the board of nursing within five business days of receipt of the information.

 Credentialing Requirements

Introduction

Healthcare Professionals must meet the professional credentialing and health standards (called “Requirements”) based on the Facility to which they are assigned as well as the state in which they are working. In some circumstances, the expense required to achieve and maintain the Requirements are covered by the Company and in others, it is your responsibility. These Requirements will vary from state to state and Facility to Facility, but some requirements are common across the country. Additionally, the federal government and other regulating bodies may impose regulations that must be adhered to by either your travel Company or the Facility. Through your compliance, the Company can ensure that every Healthcare Professional is practicing within the regulations issued by The Joint Commission, state and federal licensing authorities, OSHA, HIPAA, and your professional association. The Company provides you with the personalized assistance of a Credentialing Analyst (CA) to bring your credentials into compliance with all the various assignment requirements.

If you submit a reference via web, you are attesting that the contact you provided is a valid reference contact. The validity of the contact and the reference provided to us by that contact will be subject to verification by the Company. False representation of any credentialing requirements, reference contacts, or the reference content is considered professional misconduct and can adversely affect your eligibility with our Company as well as have other potential negative consequences with professional licensing boards.

Note: It is advisable to obtain and keep with you copies of all your health records and evidence of formal education and continuing education received from a Facility or past employer. This information is required at certain assignments.

Send current copies of the health screening and other documents mentioned in this section of the guide to your CA. By keeping these items current in your file, you improve your likelihood of finding and being selected for the next assignment you desire. The general areas where you will find requirements are: licensure, certification, annual health evaluation, TB screening, vaccinations for common contagious diseases including hepatitis B, work eligibility documentation and testing. Each of these requirements are described in more detail below. While not an exhaustive list of the possible requirements, it covers most.

The following requirements will need to be on file with the Company before you can begin your assignment and must remain in compliance with the Company, Hospital, and Joint Commission requirements for the duration of your assignment. Your CA will let you know which requirements are needed immediately and will keep you updated on any documents that expire while you are on assignment.
You can access your information on *The Service Connection*, where you will be able to print or electronically sign some of these forms to expedite your requirement submission:

- Employment Application
- Skills Checklist(s) for each applicable specialty area
- License for each state in which you hold a current license
- Basic Life Support: American Heart Association Healthcare Provider card (preferred) or American Red Cross Professional Rescuer card
- Certifications specific to your specialty areas such as:
  - ACLS for ICU, ER, and PCU
  - NRP for NICU and L&D
  - PALS for PICU
- Form I-9: Employment Eligibility (witnessed) along with copies of the documents used to complete the form
- Electronic Background Check Authorization Form Handbook Acknowledgement Form
- Medical Records Release Statement
- Job Specification
- Hepatitis B: Declination, Vaccination Series or Positive Titer
- Measles Vaccine (MMR) or Positive Titer
- Mumps Vaccine (MMR) or Positive Titer
- Rubella Vaccine (MMR) or Positive Titer
- Varicella Vaccine or Positive Titer
- Physician’s Health Statement
- Tuberculosis Screening
- TDAP
- Drug Screen
- Social Security Card
- Knowledge/Medication Exam for your specialty area
- Workplace Safety Manual Post Test
- Flu Vaccination

### State Licensure for Licensed Healthcare Professionals

If you will need a license for the individual state in which you will be employed on assignment, plan in advance. Each state has its own requirements for licensure. Contact the appropriate state board as soon as you decide you are interested in working in a specific state to obtain an application and determine the requirements. Your Recruiter or CA can give you the phone number and address of each state board and an estimate of the average turn-around time on license processing. Many state boards have Internet services to assist with licensing.

Many states are part of the Nurse Licensure Compact. This allows nurses to practice in various states without completing licensure applications for individual member states. However, the multistate license is based on your permanent home address. The Company and/or individual client Facilities may require residency documentation to verify multi-state privileges. If you move to another state and change your
permanent address you must immediately notify the Company, Credentialing and the issuing board of nursing to prevent your license from being inactivated.

If you are planning on doing a “walk-through” application, be advised that only a few states allow a walk-through for licensure. Additionally, you must contact the board to determine what items you will need to bring with you.

Take your original nursing license to the Facility for the state where the Facility is located and please fax or scan/e-mail a copy of your license to your CA as soon as possible. Maintaining any applicable professional licensure or certification as required by your discipline is a contingency of employment. Failure to adequately maintain licensure and/or certifications as required could jeopardize employment with the Company and/or result in action by any applicable certifying board or agency.

**ACLS/BLS/NRP/PALS**

You must renew American Heart Association (AHA) healthcare provider cardiopulmonary resuscitation training every two years. A few Facilities may require annual renewal of this card. A copy of the certification must be on file at the Company and the original taken to your assignment. Each Facility and unit has its own requirement for ACLS, BLS, NRP and PALS certification, which you must meet as a condition of employment. BEWARE OF TOTAL (COMPLETE) ONLINE RENEWALS AVAILABLE FOR ACLS, BLS, NRP AND PALS. EVEN THOUGH THEY APPEAR TO BE ENDORSED BY AHA, AMN AND MOST OF OUR CLIENT FACILITIES DO NOT ACCEPT THEM. ANY COURSE OFFERED THROUGH THE AHA WILL INCLUDE A HANDS ON PORTION IN A CLASSROOM SETTING AFTER COMPLETING AN ONLINE PORTION IN ORDER FOR THE CERTIFICATION TO BE COMPLIANT. CONFIRM WITH YOUR CA BEFORE YOU BUY, AS THERE ARE MANY IMITATIONS. WE RECOMMEND YOU CALL AHA TO CONFIRM BEFORE COMMITTING TO THE ONLINE PURCHASE.

**Physician’s Health Statement**

The Company may need to have on file a statement by a physician stating that you are able to perform the essential functions of the position with or without accommodations. If accommodations are required to perform the position for a particular assignment, you will need to provide information to assist the Company and Facility in determining an appropriate accommodation and/or whether an accommodation is reasonable and can be made for the assignment. Please refer to the Disability Accommodations section of this handbook for additional information. You may be required to provide a physician’s release to the Company in the event you miss more than three days’ work as a result of illness or injury.

At the beginning of an assignment, some Facilities will perform their own physical examinations, background check, or proficiency testing, and some may require you to bring additional health documentation to the assignment. Your CA and/or the appropriate Facility representative will help you prepare to comply with all Facility requirements. Ask for copies of the results of any health testing done by Facilities and fax or scan/e-mail them to your CA. Your CA will add them to your file so that they’ll be available for future assignments.

**Drug Screen**

The Company requires an annual drug screen. However, some Facilities may require additional screening prior to the start of the assignment. Your CA will assist you with any scheduling needed.

**Tuberculosis (TB) Screening**

TB testing is required a minimum of every 12 months and sometimes more frequently depending on the Facility and/or state requirements. Some Facilities are now requiring a 2-step TB Screening. Your CA will let you know the specific requirements for each assignment.
MMR and Varicella Immunity

Proof of immunization for measles (rubeola), mumps, German measles (rubella) and varicella may be required. Your CA will let you know whether immunization, a history of disease, or titers is used to assess immunity at each particular assignment Facility.

**Note:** It is becoming more common for Facilities to require varicella and mumps immunizations as well.

**Hepatitis B Immunity**

In adherence to OSHA regulations, you will need to provide your CA with documentation of your past or present hepatitis B vaccination series, a titer demonstrating immunity to the virus, or a waiver of vaccination before you start your first assignment and annually thereafter.

The Company will reimburse the reasonable expense incurred in obtaining a vaccination for hepatitis B in preparation for an assignment. This expense is reimbursed once you have begun that assignment. We strongly advise you to take this significant preventive step if you have not already done so.

**Waiver of Hepatitis Vaccination**

Based on your assigned Facility and/or state requirements, you may decline to be vaccinated and waive your right to be reimbursed for this vaccination by submitting one of the following documents:

- Hepatitis B declination, acknowledging that you do not wish to be vaccinated at this time;
- Appropriately authorized document substantiating that you have previously completed the HBV vaccination series;
- Appropriately authorized document substantiating that antibody testing has revealed that you are immune to HBV; or
- A physician's statement indicating that the vaccine is temporarily or permanently contraindicated for medical reasons.

If you initially decline HBV vaccination and decide to accept the HBV vaccine at a later date while still on assignment, the Company will reimburse the expense upon submission of receipts. Should a booster dose be recommended at a future date, such booster dose(s) will also be reimbursed by the Company if you are still an active Healthcare Professional on assignment with the Company.

**Identification/Work Eligibility Documents**

At the start of your first assignment, you must present the original documents that establish both your identity and employment eligibility to an authorized agent. Most often, a Social Security Card and a driver’s license (or other government-issued picture ID) are used to complete the Employment Eligibility Verification Form (I-9). However, you may use any documents approved by the United States Citizen and Immigration Services. **(Note:** the I-9 is valid as long as the Healthcare Professional does not have a three-year gap between assignments). A current U.S. passport is acceptable to prove both identity and work eligibility. For questions regarding other acceptable documents, please call your CA well in advance of your departure for the assignment.

The Company participates in the Department of Homeland Security's E-Verify Program. For more information on E-Verify, contact DHS at (888) 464-4218.

**Testing**

The Company strives to place highly competent Healthcare Professionals at its Facilities. A common method of assessing competency is testing in areas of clinical competency, knowledge and/or critical thinking skills. Your CA and/or Recruiter will inform you of any testing requirements that must be completed either prior to, or once you arrive on assignment.
If you receive a study guide for Facility testing, please review this information thoroughly. Preparation might include, but not be limited to, reviewing ACLS Protocols, Dysrhythmia Management, Medication Dosage Calculations, or by going to the Company’s online education and professional development website The Learning Center at AMN to review the index of the many courses offered in a variety of clinical areas. Preparation for testing in these areas will ensure you get off to a good start on your assignment. In some cases, passing the test with a certain score is required, so plan to review and study accordingly. Please ask your Recruiter for a referral to a Clinical Manager if you have questions or need any other assistance in meeting this requirement.

Standards of Professional Conduct

Introduction

The Company employs Clinical Managers, Senior Clinical Managers, and Clinical Program Directors as corporate staff that are available to assist our Healthcare Professionals with clinical concerns and offer the clinicians support. Our Clinical team is available during business hours to assist with resolving clinical issues while the clinician is on assignment. The Clinical team will reach out to you when notified by the facility there is a work related situation that needs to be addressed. It is important that you respond to the Clinical Manager, in a timely manner. The Company also provides after hours coverage to help you with clinical and non-clinical emergencies and can be reached at (800) 282-0300.

Prior to your first assignment and annually thereafter, you will review the Company’s Workplace Safety and Patient Care Standards course. This course is required by OSHA, The Joint Commission, and meets the healthcare facilities orientation processes.

Throughout the duration of your assignment, you are obligated to follow all reasonable direction from Facility Management Personnel, including float assignments within your scope of practice, and policies related to professional conduct. Regular attendance and punctuality are essential for the efficient operation of any organization. It is expected that you report ready to work promptly at the start of your shift. You must maintain your work schedule as provided by the Facility Management Personnel unless prior authorization for time off has been approved in your contract. Trading shifts must follow the facility policy and be approved by Management. Tardiness could be considered an unexcused absence. It is important to follow the facility policy on cell phone, and internet usage, including tablets or any other type of electronic devices. Many facilities do not allow cell phone usage or internet for personal reasons while in the unit. Earbuds or headphones are never appropriate while on duty.

You are responsible for learning and complying with the rules, policies, and procedures of the facility. If the facility offers in-services, work with your manager to make every effort to attend. Become familiar with facility’s social media policies to prevent unintended breach of information. Being accountable for all material presented during orientation and successfully completing professional knowledge testing is expected. Our credentialing process will include drug screening/testing, maintenance of professional licensure, mandatory medical documents and certifications. You must comply with the policies and procedures outlined by the Facility for patient care administration and disaster preparedness.

You are responsible for learning and adhering to the principles of the professional practice act in the state of your assignment. In addition to the general standards of professional conduct, it is imperative that you comply with the following specific requirements, these include:

- Healthcare Professional will not physically, sexually, or emotionally abuse or neglect a patient or coworker.
- Healthcare Professional will share concerns about suspicious behavior, report suspected abuse or neglect of a patient, accept personal responsibility to protect patients from all forms of abuse, and notify the facility Supervisor and Clinical Manager with your Company.
 Healthcare Professional will contribute to a professional work environment that is free from harassment or discrimination as provided by law, facility or company policy (see the Anti-Harassment policy in this handbook for additional information). AMN Healthcare maintains a strict policy against violence or bullying in the workplace.

 Healthcare Professional will maintain patient confidentiality and adhere to all privacy laws, including HIPAA.

 Healthcare Professionals will not sleep and/or appear to be sleeping during work time. Healthcare Professional is responsible for the care of the patient from the time of accepting the report until handoff communication to the oncoming replacement or designated person occurs. Violation of these policies may result in immediate termination.

 Healthcare Professionals will adhere to the facility’s policy on medication administration, including wasting controlled substances and verification by a witness as required.

**Performance Evaluations**

Performance evaluations are an important component of our shared commitment to ensuring Healthcare Professional quality and meeting regulatory and certification requirements. Your performance will be evaluated each assignment by a Supervisor at the Facility. Your assignment evaluation serves as a reference for your next assignment. We may request your assistance updating Supervisory contacts to expedite the process of the evaluation completion for your next assignment. The ten criteria on which you will be evaluated include:

- Documentation
- Adaptability
- Communication
- Competency
- Safety/Emergency Protocol
- Initiative
- Professionalism
- Quality of work
- Reliability & Attendance
- Teamwork & Cooperation

Additionally, you will be asked to evaluate your experience while on assignment at the Facility. We value your feedback, which is critical to improving the traveler experience. The ten criteria you will be evaluating the facility on include:

- Overall facility experience
- Staff support of Healthcare Professionals
- Your immediate Supervisor
- Your orientation
- Patient safety
- Learning new professional skills
- Manageable patient load
Culture supports quality/safety
- Open communication channels
- Availability of adequate resources

In the event that your assignment is cancelled you will be paid for all hours worked prior to termination. The company will have no further financial obligation to you. If your assignment is terminated, you are required to vacate company-provided housing within 48 hours.

Cell Phone Use & Texting While Driving

The Company does not tolerate the misuse of cell phones while driving. In the event business travel requires you to drive while carrying out your job responsibilities, it is imperative that you be aware of and comply with all applicable laws. This includes, but is not limited to, laws related to the mandatory use of hands-free technology and prohibitions on texting while driving.

Employment Practices

Equal Employment Opportunity

The Company adheres to a policy of equal employment opportunity for applicants and Healthcare Professionals and does not discriminate based on race, color, creed, national origin or ancestry, citizenship, age, sex, pregnancy, gender, gender identity, gender expression, sexual orientation, religion, marital status, physical or mental disability, medical condition, genetic information or characteristics, past, current or prospective service in the uniformed services, or any other category protected by law.

Management of Personal Records

The Company values your privacy. We comply with federal and state privacy laws and employ all reasonable security measures to protect your personal information from unauthorized access, use or disclosure.

Moonlighting

While on assignment, you may not perform scheduled work for any other healthcare Facility without advance approval of the Company. Your travel assignment is your primary employment and, therefore, any additional work that is authorized must not interfere with your travel assignment schedule.

Employment References & Evaluations

Company employees may not provide employment references, only job position and dates of employment can be confirmed. For Healthcare Professionals who have been on assignment with the brand for two years with no greater than 30 days off between assignments, the Company will provide you with a biennial evaluation.

Pay Transparency

The Company will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation,
proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with any legal duty to furnish information.

**Anti-Harassment Policy**

**All Unlawful Harassment Prohibited**

The Company strictly prohibits and does not tolerate unlawful harassment against employees, other Healthcare Professionals, patients or any other covered persons because of race, color, creed, national origin or ancestry, citizenship, age, sex, pregnancy, gender, gender identity or expression, sexual orientation, religion, marital status, physical or mental disability, medical condition, genetic information or characteristics, past, current or prospective service in the uniformed services, or any other category protected by law.

**Sexual Harassment**

All Company employees, other workers and representatives are prohibited from harassing employees, other Healthcare Professionals, patients and other covered persons based on that individual's sex or gender and regardless of the harasser's sex or gender.

Sexual harassment means any harassment based on someone's sex or gender. It includes harassment that is not sexual in nature (for example, offensive remarks about an individual's sex or gender), as well as any unwelcome sexual advances or requests for sexual favors or any other conduct of a sexual nature, when any of the following is true:

- Submission to the advance, request, or conduct is made either explicitly or implicitly a term or condition of employment.
- Submission to or rejection of the advance, request or conduct is used as a basis for employment decisions.
- Such advances, requests or conduct have the purpose or effect of substantially or unreasonably interfering with an employee's work performance by creating an intimidating, hostile or offensive work environment.

The Company will not tolerate any form of sexual harassment, regardless of whether it is:

- Verbal (for example, epithets, derogatory statements, slurs, sexually-related comments or jokes, unwelcome sexual advances or requests for sexual favors),
- Physical (for example, assault or inappropriate physical contact), or
- Visual (for example, displaying sexually suggestive posters cartoons or drawings, sending inappropriate adult-themed gifts, leering or making sexual gestures).

This list is illustrative only and not exhaustive. No form of sexual harassment will be tolerated.

**Other Types of Harassment**

The Company's anti-harassment policy applies equally to harassment based on an employee's race, color, creed, national origin or ancestry, citizenship, age, sex, pregnancy, gender, gender identity, gender expression, sexual orientation, religion, marital status, physical or mental disability, medical condition, genetic information or characteristics, past, current or prospective service in the uniformed services, or any other category protected by law.

Such harassment often takes a similar form to sexual harassment and includes harassment that is:

- Verbal (for example, epithets, derogatory statements, slurs, derogatory comments or jokes),
- Physical (for example, assault or inappropriate physical contact), or
- Visual (for example, displaying derogatory posters, cartoons, drawings or making derogatory gestures).
This list is illustrative only, and not exhaustive. No form of harassment will be tolerated.

**Complaint & Investigation Procedure**

1. If you believe you may have been the subject to or witnessed harassment or other improper conduct in the workplace, you must immediately follow the Facility policy for reporting harassment. Additionally, you must report the harassment or other serious incident to your Clinical Manager at the Company either in writing or by phone, providing the contact information for the person at the Facility to whom you reported the complaint or conduct.

2. The Clinical Manager will contact the appropriate personnel at the Facility to confirm that they are fully investigating the complaint. The Clinical Manager will work with you and the Facility in communicating the status of the investigation. The Clinical Manager will communicate updates to you as they are provided by the Facility.

3. If the conduct involves an employee of the Company, you must contact the Clinical Manager and report the conduct or you can email risk.management@amnhealthcare.com. The Clinical Manager will notify the Company’s Human Resources Department of the situation for investigation.

4. If the investigation confirms that a violation of the harassment policy has occurred, the Company will take appropriate corrective action and you will be advised that action was taken.

**No Retaliation**

The Company prohibits any form of discipline, reprisal, intimidation or retaliation for good faith reporting of incidents of harassment of any kind, pursuing any harassment claim or cooperating in related investigations.

**Reporting**

The Company is committed to enforcing this policy against all forms of harassment. However, the effectiveness of our efforts depends largely on you telling us about conduct that may violate this policy. If you feel that you or someone else may have been subjected to conduct that violates this policy, you must report it immediately. You may also contact the Equal Employment Opportunity Commission at www.eeoc.gov or via telephone at (800) 669-4000.

**Disability Accommodations**

The Company complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act (ADAAA) and all applicable state and local fair employment practices laws, and is committed to providing equal employment opportunities to qualified individuals with disabilities. Consistent with this commitment, the Company will provide a reasonable accommodation to disabled applicants and employees if the reasonable accommodation would allow the individual to perform the essential functions of the job unless doing so would create an undue hardship.

**Requesting a Reasonable Accommodation**

If you believe you need an accommodation because of your disability, you are responsible for requesting a reasonable accommodation by contacting your Clinical Manager or Clinical Director. The request should be made in writing, unless that is not possible due to the disability, and should include relevant information, such as:

- A description of the accommodation you are requesting;
- How the accommodation will help you perform the essential functions of your job.

After receiving your request, the Company will engage in an interactive dialogue with you to determine the precise limitations of your disability and explore potential reasonable accommodations that could overcome those limitations. The Company encourages you to request specific reasonable accommodations that you believe would allow you to perform your job. However, the Company is not required to make the specific accommodation requested by you and may provide an alternative effective...
accommodation to the extent any reasonable accommodation can be made without imposing an undue hardship.

**Medical Information**

Depending upon the circumstances, the Company may ask you to provide supporting documents showing that you have a disability within the meaning of the ADA and applicable state or local laws, and that your disability necessitates a reasonable accommodation. If the information provided in response to this request is insufficient, the Company may require that you see a health care professional of the Company’s choosing and at the Company’s expense. In those cases, if you fail to provide the requested information or see the designated health care professional, your request for a reasonable accommodation may be denied.

In most situations, the Company will need to work with the Facility to which you are assigned to determine if a reasonable accommodation can be provided. This may require sharing some information regarding your disability with the Facility. The Company will keep confidential any medical information that it obtains in connection with your request for a reasonable accommodation other than to the extent necessary to effectively engage in the interactive process and to determine whether a reasonable accommodation can be provided.

**Accommodation Determinations**

The Company makes determinations about reasonable accommodations on a case-by-case basis, considering various factors and based on an individualized assessment in each situation and in coordination with the Facility for the specific assignment. The Company strives to make such determinations expeditiously and will inform you once a determination has been made. If you have any questions about a reasonable accommodation request you made, please contact your Clinical Manager or Clinical Director.

**Leaves of Absence**

The Company complies with federal and state laws in providing leaves of absences. Unless otherwise required by state or federal law, leaves of absence are unpaid and the granting of leave is at the Facility’s sole discretion. There is no guarantee of reinstatement upon the conclusion of a leave of absence unless required by law. To review eligibility for an unpaid leave of absence or if you have questions about a type of leave of absence that is not covered in this Handbook, please contact your Benefits Team.

**Family and Medical Leave**

The Company provides leave according to the Family and Medical Leave Act of 1993 (FMLA). Leave under FMLA is unpaid.

**Eligibility**

Upon request, FMLA leave is granted to employees who meet both of the following requirements:

- Have been employed by the Company for at least 12 months, and
- Have worked at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the FMLA leave.

**Basic Leave Entitlement**

You may take up to 12 weeks of unpaid FMLA leave in a 12-month period, measured backward from the date you use any FMLA leave, for any of the following reasons:

- The birth of a son or daughter and in order to care for such son or daughter (leave to be completed within one year of the child's birth);
- The placement of a son or daughter with you for adoption or foster care and in order to care for the newly placed son or daughter (leave to be completed within one year of the child's placement);
To care for a spouse, domestic partner, son, daughter or parent with a serious health condition;

To care for your own serious health condition, which renders you unable to perform any of the essential functions of your position; or

A qualifying exigency of a spouse, domestic partner, son, daughter or parent who is a covered military member on active duty or called to active duty in support of a contingency operation.

You may take up to 26 weeks of unpaid FMLA leave in a single 12-month period to care for a family member who is a covered military member and who has experienced a serious injury or illness that began during active duty service (known as military caregiver leave).

If leave is taken for military caregiver leave and you do not take all of the 26 workweeks of leave entitlement during the single 12-month period, you forfeit the remainder of the leave entitlement that is not taken. Eligible employees are limited to a combined total of 26 weeks for FMLA Military Family Leave and FMLA-qualifying reasons.

**Definition of Serious Health Condition**

"Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves any period of incapacity or treatment: (a) due to pregnancy, or for prenatal care, or chronic serious health condition, (b) requires connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care Facility; or absence of more than three calendar days from work, school or other regular daily activities that also involves continuing treatment, or (c) that is permanent or long-term due to a condition for which treatment may not be effective.

**Benefits and Protections**

During FMLA leave, the Company will maintain your health coverage under the Company’s group health plan on the same terms as if you were actively at work. Any share of your health plan premiums, which you paid by prior to FMLA leave (i.e., through payroll deductions) will continue to be paid by you during the FMLA leave period. Premiums are due on a monthly basis, paid in advance, or through other arrangements made with the Benefits Department prior to commencement of the FMLA leave (e.g., prepayment of premiums, payroll deduction). If premiums are not paid within 30 days of the due date, the applicable insurance coverage will be canceled based on the last paid thru date.

In the event you fail to return to work after your FMLA leave entitlement has been exhausted or expires, the Company maintains its right to recover its share of health plan premiums paid on your behalf during the unpaid FMLA leave, unless the reason you do not return is due to:

- The continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave, or
- Other circumstances beyond your control.

Upon your return to the Company from FMLA leave, you will return to the same position held when the leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment unless your position is eliminated during the term of the leave, the term of your contractual assignment expires during the term of the leave, or as otherwise permitted by law. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of leave.

**Use of Leave**

You do not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. You must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the Facility’s operations. Leave due to qualifying exigencies arising out of a spouse, domestic partner, son, daughter, or parent on active duty in the Armed Forces may also be taken on an intermittent basis.
**Employee Responsibilities**

You must provide your Benefits Team at least 30 days advance notice of the need to take FMLA when the need is foreseeable. When 30 days’ notice is not possible, you must provide notice as soon as practicable. Employees must provide sufficient information for the Company to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include: documentation that you are unable to perform your job function, hospitalization or continuing treatment by a healthcare provider is necessary, an accommodation or intermittent leave of absence is recommended, an eligible family member has a medical condition that requires your care, or supporting the need for military family leave. You must inform the Company if the requested leave is for a reason for which FMLA leave was previously taken or certified. You may also be required to provide certification and periodic recertification supporting the need for leave. The Company will address the leave with the Facility.

**Medical Certifications**

Requests for FMLA leave to care for your seriously ill spouse, domestic partner, child, parent or your own serious health condition that renders them or you unable to perform the functions of the position, are to be supported by certification issued by your healthcare provider. The Company requires this certification prior to the commencement of leave, if possible, and no later than 15 days after the Company requests the certification (or re-certification). The Company may require re-certification when you request an extension of leave or as otherwise permitted by law.

**Company Responsibilities**

The Company will inform you if you are eligible under FMLA based on the information you provide. If you are eligible, the notice will specify any additional information required as well as your rights and responsibilities. If you are not eligible, the Company will provide the reason for ineligibility. The Company will also notify you if the leave will be designated as FMLA protected leave and the amount of leave counted against your leave entitlement. If the Company determines that the leave is not FMLA protected, the Company will notify you.

FMLA makes it unlawful for any employer to interfere with, restrain or deny the exercise of any right provided under FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding related to FMLA. You may file a complaint with the U.S. Department of Labor or may bring a private lawsuit to enforce rights under FMLA.

FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**Conclusion of Leave and Return to Work**

Before returning to work from an FMLA leave occasioned by your own serious health condition, you must submit to the Benefits Team the medical release form from your healthcare provider. Please coordinate your return to work with your Benefits Team.

**Military Service Leave Policy**

The Company provides military service leaves of absence in compliance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state laws. You may be eligible for military service leave, protection of benefits and reemployment protections if you are a full or part-time employee and will be absent from work because of eligible military service. If you have questions about how the Company’s Military Service Leave Policy applies to you, please contact the Benefits Department.

**Medical Leave of Absence for Work-Related Illness or Injury**

Leaves of absence of reasonable duration are granted upon written request, regardless of length of service, to employees who sustain a work-related illness or injury (supported by medical certification). Please refer to the section on Workers’ Compensation for additional information.
Leave Under the Americans With Disabilities Act (ADA)

The Company complies with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act (ADAAA). The Company will provide a leave of absence to disabled employees if the leave is determined to be a reasonable accommodation that will allow the individual to return to the assignment to perform the essential functions of the job, unless doing so would create an undue hardship. You may be able to maintain health benefits through the Company’s group health plan if you return to work or start a new assignment within 24 days of your last day worked or under COBRA. Please refer to the Health Benefits section of this handbook for additional information.

Additional Unpaid Leave Policies

In addition to the above leave policies as well as those specifically addressed in the attached State-Specific Addenda, the Company also complies with additional leave requirements under applicable state or local law. These leaves may include: Voting leave, Jury Duty leave, Bone Marrow and Organ Donor leave, Crime Victim leave, Domestic Violence leave, School Activity leave, Adoptive Parent Leave, Public Service leave, Blood Donation leave, Criminal Witness leave, and other similar leave policies. If you have any questions about the type of leave policies provided in the jurisdiction where you are working, please contact Customer Support.

Paid Sick Leave

The Company provides paid sick leave to Healthcare Professionals working in certain jurisdictions where such benefits are required (See State-Specific Addenda). In these jurisdictions, paid sick leave is available for Healthcare Professionals who are victims of domestic violence, sexual assault or stalking or who need preventative care for or the diagnosis, care or treatment of an existing health condition of the employee or the employee’s family member. The Company complies with all state and local sick leave requirements, and you will automatically receive the appropriate accruals. To the extent the Company provides you with paid time off benefits that meet or exceed any applicable paid sick or safe leave requirements, you will not accrue any additional paid sick leave. However, employees will not receive payment for accrued but unused sick time at termination of employment. If you have any questions about your particular jurisdiction, please contact Customer Support.

Substance-Abuse Prevention Policy

The Company intends to maintain a workplace free of alcohol and the abuse of drugs, and to discourage alcohol and drug abuse by its Healthcare Professionals. The Company has a vital interest in maintaining safe and efficient working conditions for its Healthcare Professionals, as well as for each of the Facilities with which it works, and their employees and patients. Substance abuse is incompatible with health, safety, efficiency and success at the Company. Healthcare Professionals who abuse illegal drugs or who are under the influence of alcohol while on the job or when representing the Company, compromise the Company's interests, endanger their own health and safety and the health and safety of others.

The Company has therefore established this policy concerning the use and abuse of alcohol and drugs. As a condition of continued employment with the Company, all Healthcare professionals must abide by this policy, which sets out the Company's policy and procedures regarding: (i) the use, sale, possession, transfer, or other misconduct involving illegal drugs; (ii) the use and misuse of legal drugs; (iii) alcohol use and misuse; and (iv) drug and alcohol testing.

This policy applies without exception to all Healthcare Professionals working for the Company.

Prohibited Activity

Drugs

The Company strictly prohibits the use, sale, attempted sale, conveyance, distribution, manufacture, purchase, attempted purchase, possession, cultivation, and/or transfer of illegal drugs or other unlawful intoxicants at any time, and in any amount or any manner, regardless of occasion. "Illegal drugs" means
all drugs for which the use or possession is regulated or prohibited by federal, state, or local law, and includes prescription medications for which you do not have a valid prescription, or which are used in a manner inconsistent with the prescription.

The Company recognizes that many employees use prescription and over-the-counter medicines. This policy does not prohibit employees from the lawful use and possession of prescribed or over-the-counter medications. However, an employee taking prescription medication should consult with the prescribing healthcare professional or review dosing directions for information about the medication’s effect on the employee’s ability to work safely. You must promptly disclose any work restrictions to a Company representative, so that measures may be taken to ensure that you can work safely. Medicines brought to the workplace should be carried in their original containers. However, the Healthcare Professional should be aware of each Facility’s policy. Over-the-counter or prescription medications containing alcohol should not be used while working or just before commencing work.

**Alcohol**

The Company prohibits the use of alcohol while on duty. Healthcare Professionals are also prohibited from working or coming onto Facility premises under the influence of alcohol. Moreover, the use or abuse of alcohol off the job which impairs performance on the job may subject the user to disciplinary action.

**Under the Influence**

For the purpose of this policy, being “under the influence” means that the employee is affected by a drug or alcohol, or the combination of a drug and alcohol in any detectable manner. “Under the influence” is not confined to symptoms consistent with misbehavior or obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance.

**Discipline**

Compliance with this policy is a condition of employment. Individuals in violation of this policy will be subject to adverse employment action, up to and including termination. A confirmed positive drug test is also considered proof of a violation of this policy.

**Drug & Alcohol Testing Requirements**

The Company may test for the presence of the following substances, or their metabolites: marijuana (cannabinoids); cocaine; opiates and synthetic narcotics (including heroin, morphine, codeine, meperidine, and oxycodone); amphetamines (including methamphetamine); barbiturates; benzodiazepines (Valium, Xanax); methadone; phencyclidine (PCP); propoxyphene; alcohol; and any other drugs subject to abuse, in the following circumstances:

**Pre-Employment** – Individuals may be offered employment conditioned on taking and passing a drug test before commencing work. Employment offers will be withdrawn whenever an applicant receives a verified positive test result or refuses to participate in the testing process. Failure to show for a scheduled drug screen may be viewed as refusal to submit to drug screen and result in withdrawal of employment offer.

**Reasonable Suspicion** – When Company or Facility Management has reason to believe that any Healthcare Professional has violated this policy, the individual may be asked to submit to a reasonable suspicion drug and alcohol test. Requests for tests based upon reasonable suspicion will be based upon contemporaneous observations of the individual’s behavior or performance, or other indication that this policy may have been violated. Examples of what may trigger a request to submit to a reasonable suspicion test include, but are not limited to, one or more of the following:

- Observed suspected drug or alcohol abuse;
- Bizarre or erratic behavior (endangerment to self, co-workers, property, equipment or services provided), or a pattern of conduct that indicates substance abuse may be a problem;
- Observed suspected possession of alcohol, drugs or drug paraphernalia while on Facility premises;
- Information of above, provided by either a reliable and credible source, or independently corroborated;
- A pattern of unexplained absenteeism, tardiness, or other unexplained change in job performance;
- A physical appearance, odor, or symptoms which may indicate drug or alcohol abuse; or
- Poor documentation of narcotics administration as reported to the Company by the Facility.

Healthcare Professionals asked to take a reasonable suspicion drug and/or alcohol test will be escorted to the collection site for testing and then provided with transport to their residence pending receipt of test results. Refusal to submit to drug and/or alcohol testing will be considered insubordination and will be grounds for termination.

**Post-Accident** – If you are involved in a serious incident or accident while on duty (on or off Facility premises), and in which your actions or failure to act appear to have played a part in the accident, you may be asked to submit to a post-accident drug and/or alcohol test as part of the investigation of the incident. “Serious accidents” include a serious injury or death and those accidents in which significant property damage is incurred or emergency medical treatment required. All such tests will be conducted as soon as possible after the Company or Facility learns of the accident or incident, but after any necessary emergency first aid has been administered.

**Facility-Required Testing** – On occasion, a Facility will require Healthcare Professionals who perform work on their behalf to comply with the Facility's drug-free workplace and drug and alcohol testing policy. If you are subject to testing at Facility request, you will be informed in advance of beginning work for that Facility, or at the time such requirement becomes applicable. Healthcare Professionals should orient themselves to the Facility’s specific drug testing policies upon arrival at the Facility to begin an assignment.

**Procedures for Drug & Alcohol Testing**

**Consent**

Your refusal to submit to a proper test will be viewed as insubordination and will subject you to disciplinary action, up to and including termination. The Company will pay the costs of all drug and/or alcohol tests it requires.

**Collection and Chain-of-Custody**

Persons being tested will be asked to provide a urine, hair, breath, blood or saliva sample by the collection site person. Procedures for the collection of specimens will allow for reasonable individual privacy, unless there is a reason to believe the individual may alter or substitute the specimen to be provided. Urine specimens will be tested for temperature, and may be subject to other validation procedures as appropriate. The collection site person and the person being tested will maintain chain-of-custody procedures for specimens at all times. A valid photo ID will be required at the time of testing.

**Testing Methods**

All drug test samples will be screened using an immunoassay technique and all presumptive positive drug tests will be confirmed by a certified laboratory using gas chromatography/mass spectrometry (GC/MS). Breath, blood and/or saliva tests may be used to detect the presence of alcohol. Tests will seek only information about the presence of drugs and alcohol (or their metabolites) in an individual’s specimen, and will not test for any medical condition.

**Notification**

If you test positive for drugs, you will be notified by a Medical Review Officer (“MRO”) (a health care professional with an expertise in toxicology), and given an opportunity to provide any legitimate reasons you may have that would explain the positive drug test. If you provide an explanation acceptable to the MRO that the positive drug-test result is due to factors other than the consumption of illegal drugs, the MRO will order the positive test result to be disregarded and will report the test as negative to the Company. Otherwise, the MRO will verify the test as positive.
You may request a copy of your own positive test result. You may request that a sample be sent to an independent certified laboratory for a second confirmatory test at your expense. The Company may suspend, transfer, terminate or take other appropriate action pending the results of any such re-test.

**Refusing a Test**

Your refusal to submit to drug and/or alcohol testing will be considered insubordination and will be grounds for termination. Attempts to tamper with, substitute, adulterate, dilute, evade or otherwise falsify a test sample are considered refusals to submit to a test, as is a failure to appear at the testing location promptly after being asked to submit to a test.

**Confidentiality**

All records relating to positive test results, drug and alcohol dependencies, and Healthcare Professional medical information shall be kept confidential and disseminated to and within the Company only on a need-to-know basis. Test results may be released to the Facility, on a need-to-know basis only and to applicable licensing authorities. Results will not be released to any other individual or entity without the written consent of the tested individual, except as otherwise may be required by law or applicable licensing authorities.

**Compliance With All Applicable Laws**

The Company will implement its Substance Abuse Prevention Policy, including the drug and alcohol testing portion and participation in voluntary rehabilitation, in a manner that complies with relevant federal, state and local law. Any decision to seek help voluntarily will be treated as confidential and communicated only to those Company employees and Facility contacts with a need-to-know.

**Dispute Resolution**

The Company encourages Healthcare Professionals who have questions or complaints to bring them to the attention of either their Regional Assignment Manager, Clinical Assignment Manager or Manager of Customer Service, depending on the nature of the issue. If a Healthcare Professional is unable to resolve the issue after this discussion, the Healthcare Professional may present the concern to the Vice President of Sales and Placement.

Healthcare Professionals will not be subjected to coercion, discrimination, or reprisal for voicing complaints or recommending changes in good faith.

It is not possible to anticipate every situation that may arise at the Company or to provide information that answers every possible question. In addition, changing circumstances will require that the policies, practices and benefits described in this handbook change from time to time. Accordingly, the Company’s Management reserves the right to modify, to add to, to rescind or to revise any provision of this handbook and any benefit plan as it deems necessary or appropriate in its sole discretion. Although the Company will normally distribute changes to this handbook, there may be times when policies will change before this handbook is revised, the most recent version of the handbook can be found on The Service Connection.
**Arizona Handbook Addendum**

*Arizona Paid Sick Time*

Healthcare Professionals who work in Arizona are eligible for paid sick leave benefits that will begin accruing on your start date. Paid sick leave will accrue at a rate of one hour for every 30 hours worked. Worked hours do not include holidays, vacation, or time on unpaid leaves of absence. There is a maximum annual accrual of 40 paid sick leave hours per calendar year. Employees can request use of paid sick leave after 90 days of employment.

Paid sick leave can be used to care for an employee’s or their family member’s mental or physical illness, injury or health condition, need for medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or for their preventative care. Additionally, paid sick leave can be used when the employee or employee’s family member needs treatment or counseling because they are victims of domestic violence, abuse, sexual violence, or stalking; when businesses or schools are closed because of a public health emergency, or when care is required for the employee or a family member who has been exposed to a communicable disease.

“Family member” includes spouses, registered domestic partners, children (regardless of age, including biological, adopted or foster child, stepchild or legal ward, a child of a domestic partner, child to whom the employee stands in loco parentis, or an individual to whom the employee stood in loco parentis when the individual was a minor), parents (including stepparents, foster parents, adopted parents, legal guardians, and parents-in-law), grandparents, siblings, or any other individual whose relationship with the employee is equal to a familial relationship.

When the need for paid sick leave is foreseeable, the employee must make a good faith effort to request the time off in advance and must make every effort to schedule the time off in a manner that does not unduly disrupt business operations. If the need for paid sick leave is not foreseeable, the employee must contact his or her supervisor as soon as possible, which, absent exigent circumstances, generally means within hours of when the need for leave arose, but in any event, prior to the start of an employee’s shift.

If applicable, a doctor’s note certifying any illness, injury or health condition is required for any absence in excess of three consecutive work days. Accrued but unused paid sick leave, no matter the amount, will not be paid out at the conclusion of employment. Paid sick leave will not count as hours worked toward the calculation of overtime pay.

*Arizona National Guard Leave*

The Company will grant the same military leave, including pay, benefits and rights to reinstatement, provided under USERRA, and outlined in the Military Leave section of the Handbook, to employees to fulfill their duties as members of the Arizona National Guard, including active duty, military training, and attending camps, formations, drills, or maneuvers. The Company will not dissuade employees from enlisting in state or national military forces by threatening economic reprisal.

**California Handbook Addendum**

*California Meal Periods*

Healthcare Professionals who work in California are provided with meal breaks in accordance with California law. Meal periods, as set forth below, are not considered hours worked and are not compensated. During your meal break, you should be relieved of all job duties and free to engage in personal activities.
• If you work more than five hours in a day, you are provided the opportunity to take an uninterrupted 30-minute meal break no later than the end of your fifth hour of work. If you work more than five hours, but no more than six hours in a workday, you may voluntarily waive the meal period.

• If you work more than ten hours in a day, you are provided the opportunity to take a second, uninterrupted, 30-minute meal period starting no later than the end of your tenth hour of work. You may voluntarily waive one of your two meal periods by completing the Meal Period Waiver form, which is available on The Service Connection. If you decide to waive one of the two meal periods, then your meal period will be provided before the end of your tenth hour of work. You may change your waiver option at any time by completing and submitting a new Meal Period Waiver form via The Service Connection. Any change will become effective upon the next shift worked after submission of the form to the Company.

If you were not provided the opportunity to take a meal break or breaks as explained above or are otherwise discouraged from taking your meal break(s), you must report this to the Company. Please notify the Company on your timecard or, if you are unable to report this information on your timecard, contact Customer Support at (877) 777-8086 option 4. If you are provided the opportunity to take a meal break as explained above, but voluntarily choose 1) not to take it, 2) to take it later, or 3) to take a shorter meal period, you are not required to notify the Company but please make sure you accurately report your time to ensure you are paid for all hours worked.

**California Rest Periods**

In accordance with California law, Healthcare Professionals who work in California and work more than 3.5 hours in a day are authorized and permitted to take a paid ten (10) minute rest period for every four (4) hours of work, or major fraction thereof. A major fraction is over two hours of work. If you were not authorized or permitted rest breaks, you must report this on your timecard. If you are unable to report this information on your timecard, you must contact Customer Support at (877) 777-8086 option 4.

**California Sexual Harassment Policy**

In addition to the information in this handbook, Healthcare Professionals working in California should also consult the Department of Fair Employment Housing pamphlet “The Facts About Sexual Harassment” provided to you at the start of your assignment in California. California-based employees may also contact the California Department of Fair Employment and Housing at www.dfeh.ca.gov or via telephone at (800) 233-3212.

**California Paid Sick Leave – State and Local Laws**

Employees working at least 30 days in a year in California for the Company are entitled to accrue paid sick leave. Employees will accrue one hour of sick leave for every 30 hours worked. Employees may use any accrued time after working with the Company for 90 days. While the state law provides for an accrual cap of 40 hours and payment cap of 40 hours per year, many cities and counties in California provide additional benefits. In addition to the California state sick leave law, the following localities also provide sick leave benefits: Berkeley, Emeryville, Los Angeles, Oakland, San Diego, San Francisco, and Santa Monica. For further guidance, please contact Customer Support at (877) 777-8086.

**California Family Rights Act (CFRA) Leave**

Under the California Family Rights Act of 1993 (CFRA), you may have a right to an unpaid family care or medical leave (CFRA leave) if you meet with following requirements:

a. You have been at the time of the leave or during the course of leave will have been, employed by the Company in the state of California for at least 12 months (see note below),

  ➢ If you have not been employed for 12 months prior to beginning the CFRA leave, you may meet the 12-month requirement while on leave; however, only the portion of the leave in which you have met the 12-month requirement is designated as CFRA
Although the 12 months of employment need not be consecutive, employment prior to a continuous break in service of 7 years or more is not counted.

b. Have worked at least 1,250 hours of service during the twelve-month period immediately preceding the commencement of the CFRA leave.

This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child (including bonding time) or for your own serious health condition or that of your child, parent, spouse or domestic partner.

If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). Your responsibilities relating to notice, documentation/communication, and medical certifications are the same as in the case of FMLA. Please refer to the FMLA Employee Responsibilities and Medical Certification sections of this handbook for additional information. When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

**Benefits and Protections**

During CFRA leave, the Company will maintain your health coverage under the Company’s group health plan on the same terms as if you were actively at work. Your “Benefits and Protections” under CFRA are the same as under FMLA. Please refer to the FMLA Benefits and Protection section of this handbook for additional information. Before seeking to return to work from a CFRA leave occasioned by your own serious health condition, must submit to the Benefits Team the medical release form from your healthcare provider. Please coordinate your return to work with your Benefits Team.

**Total FMLA/CFRA Leave Permitted**

Eligible employees are generally entitled to a total of 12 weeks of unpaid FMLA/CFRA leave during any 12-month period (measured backward from the date an employee begins using any FMLA/CFRA leave). However, an employee working in California who takes FMLA leave for a pregnancy-related disability may be eligible for up to an additional 12 weeks of CFRA leave in the 12-month period for reasons other than pregnancy-related disability. The amount of any such available CFRA leave will be reduced by any leave taken under FMLA during the 12-month period for reasons other than pregnancy-related disability.

**California Pregnancy Disability Leave (CPDL) and Accommodation**

An unpaid leave of absence will be granted regardless of your length of service, if you are pregnant, perceived as being pregnant, disabled or affected by pregnancy, childbirth or a related medical condition. Up to four months (17.33 weeks, 122 days or 692 hours) of leave is available, as needed. For eligible employees, 12 weeks of this leave is taken concurrently with the 12 weeks of available leave under FMLA. Additional leave may be available under CFRA (see above). This leave can be taken intermittently or on a reduced schedule when medically advisable.

You must give your Benefits Team reasonable notice of the date the leave will commence and the expected duration of the leave as soon as you can ascertain with reasonable certainty the expected date the leave will begin.

Upon return from CPDL, you will be returned to your original job unless the job ceases to exist, in which case you may be reinstated to a comparable position unless no comparable position exists. As a condition of returning from leave under CPDL, you must provide the Company with a certification from your healthcare provider that you are able to resume work. Contact the Benefits Team for the medical release form.

If you take leave under CPDL longer than (4) four months, you will be treated with the same consideration for reinstatement as any other employee returning from a medical disability leave of similar duration. If you
are eligible for CFRA leave, in addition to leave under CPDL, then your reinstatement rights will be covered by the Family and Medical Leave policy.

During CPDL, the Company will maintain your health coverage under the Company’s group health plan on the same terms and conditions as if you were actively at work for up to four months during a twelve month period. You will be responsible to continue to pay any share of your health plan premiums which you paid prior to CPDL. Arrangements for payment should be made through the Benefits Department prior to or upon commencement of CPDL.

During your pregnancy, you may be entitled to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties for the duration of your pregnancy upon request, where such transfer can be reasonably accommodated. You may also be entitled to reasonable accommodation for conditions related to pregnancy, childbirth or related medical conditions upon request, where such reasonable accommodation would not cause an undue hardship to the Company and/or the assignment Facility. A request for reasonable accommodation or transfer must be supported by the written certification of the employee’s healthcare provider that such an accommodation or transfer is medically advisable.

San Francisco Paid Parental Leave Notice

If you take time off work to bond with a new child, you may be eligible for San Francisco Paid Parental Leave supplemental compensation from your employer in addition to your weekly benefit from the California Paid Family Leave program. If you have you worked for your employer for 6 months (180 days) and worked a minimum of 8 hours per week and 40% of your hours in San Francisco, you may be eligible to receive up to 6 weeks of paid supplemental compensation. For more information, visit www.sfgov.org/pplo or call (415) 554-4190.

State Disability Insurance (SDI) and Paid Family Leave (PFL)

All California employees pay into the State Disability Insurance (SDI) and Paid Family Leave (PFL) programs through a payroll deduction. You are eligible for both benefits immediately upon employment and after a 7-day waiting period. Medical certification is required and you must complete and submit the state Employment Development Department (EDD) Form to the EDD office. The Company does not submit the forms on your behalf. Neither benefit creates reinstatement rights.

You may receive PFL benefits for the birth of a child by you or your domestic partner, placement of child in connection with adoption or foster care, or serious health condition of the your child, spouse, domestic partner, parent, grandparent, grandchild, sibling or parent-in-law. PFL runs concurrently with FMLA/CFRA if you are eligible for those leaves.

Colorado Handbook Addendum

Colorado Meal Periods

Healthcare Professionals working in Colorado are entitled to an uninterrupted and duty-free 30-minute unpaid meal period when their work shift exceeds five consecutive hours in a day. If the employee is relieved of all work duties and can pursue personal activities, the meal period qualifies as non-work, uncompensated time. When the job makes an uninterrupted meal period impractical, employees must be allowed to eat an on-duty meal and must be compensated at their regular rate of pay.

Colorado Rest Breaks

Healthcare Professionals working in Colorado are entitled to take a paid ten-minute rest period in the middle of each four-hour work period, where possible.
Connecticut Handbook Addendum

**Connecticut Meal Periods**

Employees must be provided a meal break of at least 30 consecutive minutes to employees who work at least 7.5 or more consecutive hours. Meal breaks are unpaid and should be given at some time after the first two hours of work and before the last two hours of work.

**Connecticut Pregnancy Disability Leave**

Female employees are eligible for a reasonable amount of unpaid pregnancy disability leave for disability caused by pregnancy or related conditions. Eligible employees are permitted to substitute accrued paid vacation or sick leave (if applicable) for pregnancy disability leave. Employees returning from approved pregnancy disability leave shall be restored to their former positions or to equivalent positions with equivalent pay, seniority, retirement, fringe benefits, and other service credits, unless business circumstances have changed such that reinstatement would be unreasonable or impossible.

Delaware Handbook Addendum

**Delaware Meal Break**

Employees must be provided a meal break of at least 30 consecutive minutes to employees who work at least 7.5 or more consecutive hours. Meal breaks are unpaid and should be given at some time after the first two hours of work and before the last two hours of work.

District of Columbia (Washington D.C.) Handbook Addendum

**Washington D.C. Accrued Sick and Safe Leave Act**

Any employee who spends more than 50% of their time working in D.C. is eligible to accrue paid sick leave under Washington D.C.’s Accrued Sick and Safe Leave Act. All employers are required to provide some sick and safe time leave to employees. The amount of paid time depends on the size of the employer. Large Employers who have 100 or more employees must allow accrual of 1 hour for every 37 hours worked up to 7 days per year of paid leave. Mid-sized employers with 25-99 employees must provide 1 hour of paid sick leave for every 43 hours worked. Mid-sized employers can cap leave accrual and usage to 5 days of leave each year. Small employers with less than 25 employees must provide accrued leave at 1 hour for every 87 hours worked and can cap the accrual to 3 days of leave per year.

Employees are allowed to use their Accrued Sick and Safe Time Leave for both mental and physical illness, injuries, and health conditions. Employees can use the leave to obtain medical care, diagnosis, or preventative care. Additionally, victims of domestic violence, sexual assault or stalking can use accrued sick and safe time to obtain services related to the domestic violence, stalking, or sexual assault. Employees can take off paid sick and safe time for any of these reasons for both themselves and for their family members.

Hawaii Handbook Addendum

**Hawaii Family Leave Notice**

Healthcare Professionals working in Hawaii may be eligible for Family Leave under Hawaii law. An employee may take up to 4 weeks of unpaid leave in any calendar year. To be eligible, an employee must have worked for the Company for at least 6 consecutive months. Family leave may be taken to care
for an immediate family member with a serious illness (parent, parent-in–law, spouse, reciprocal beneficiary, or child), or for the birth or adoption of a child. Leaves for a qualified reason under, and taken by employees eligible for both Hawaii Family Leave and federal Family and Medical Leave Act leave will run concurrently. Employees must provide reasonable notice of their intent to take leave if the need for leave is foreseeable. Employees are required to provide certifications of a need for the leave prior to commencement of the leave or, in the case of an unforeseeable leave, no later than two working days after the family leave commences. The following shall be deemed acceptable certification:

1. For the birth of a child of an Associate, a written statement issued by a health care provider or the family court;
2. For the placement of a child for adoption with an Employee:
   a. The petition filed by the Employee with the court; or
   b. A written statement issued by:
      i. A recognized adoption agency;
      ii. The attorney handling the adoption; or
      iii. The individual officially designated by the birth parent to select and approve the adoptive family.
3. For the serious health condition of an Associate’s child, spouse, parent, or reciprocal beneficiary, a written statement by a health care provider. Certification shall contain the following information:
   a. The patient’s name and relationship to the Employee;
   b. The health care provider’s name, title, type of practice or field of specialization, location, and signature;
   c. A statement that the patient’s condition qualifies for family leave as a serious health condition as defined under the statute;
   d. A statement that the Employee is needed to participate in the care of the patient;
   e. A statement that the patient’s condition requires hospitalization or the health care provider’s continuing treatment or continuing supervision;
   f. The approximate date the serious health condition commenced, and the probable duration that the Employee will be needed to care for the patient with a serious health condition; and
   g. Whether it will be necessary for the Employee to take leave intermittently; and, if so, the estimated period of time that the Employee will be needed to care for the patient with a serious health condition.

Failure to provide the required certification may result in delay or denial of leave approval. Accrued paid leaves may be substituted for any part of the 4-week period. You may use 10 days of your accrued and available sick leave per year. Employees are entitled to maintain their health and other benefits during the leave but must provide their share of the premium payments for any portion of the leave that is unpaid. Failure to do so may result in a lapse of coverage. Employees returning from Family Leave will be restored to the same or equivalent position as required under the statute.

Illinois Handbook Addendum

Illinois Pregnancy and Your Rights in the Workplace

If you are pregnant, recovering from childbirth, or have a medical or common condition related to pregnancy, you have the right to:

- Ask your employer for a reasonable accommodation for your pregnancy, such as more frequent bathroom breaks, assistance with heavy work, a private space for expressing milk, or time off to recover from your pregnancy
- Reject an accommodation offered by your employer for your pregnancy that you do not desire
- Continue working during your pregnancy if a reasonable accommodation is available which would allow you to continue performing your job.
It is illegal for your employer to fire you, refuse to hire you, or to refuse to provide you with a reasonable accommodation because of your pregnancy.

For more information regarding your rights, download the Illinois Department of Human Rights (IDHR) fact sheet from www.illinois.gov/dhr. For immediate help or if you have questions regarding your rights, call the IDHR at (312) 814-6200, (217) 785-5100, or (866) 740-3953 (TTY). Chicago office of IDHR: 100 W. Randolph St, 10th FL, Intake Unit, Chicago, IL 60601 Springfield office of IDHR: 222 South College, Room 101-A, Intake Unit, Springfield, IL 62701 Marion office of IDHR: 2309 West Main St, Suite 112, Intake Unit, Marion, IL 62959.

**Illinois Equal Employment Opportunity**

In addition to the protected categories listed in the Handbook, Illinois law also prohibits discrimination against employees based on citizenship status, military statue, unfavorable discharge from military status, and arrest records. In accordance with Illinois’ applicable laws, the Company does not tolerate discrimination or harassment based upon these characteristics or any other characteristics protected by applicable federal, state or local law. The Company shall treat genetic testing and genetic information in a manner that is consistent with the requirements of federal law. Additionally, the Company will not solicit, request or require genetic testing or genetic information of a person or family member of a person as a condition of employment, pre- employment application, labor organization membership or licensure.

**Illinois Nondiscrimination & Anti-Harassment**

While employees are encouraged to report concerns of prohibited harassment internally, if an employee believes that he or she has been subjected to discrimination or harassment, he or she may file a formal complaint with the Human Rights Commission. Using the Company’s complaint process does not prohibit an employee from filing a complaint with Human Rights Commission. For more information on the commission visit: http://www.ilga.gov/commission/jcar/admincode/056/05605300sections.html.

**Illinois Meal and Rest Breaks**

The Company will provide employees working for 7 1/2 hours or longer at least twenty (20) minutes for a meal period beginning no later than five (5) hours after the start of the work period.

**Chicago and Cook County Paid Sick Leave Ordinances**

The Chicago and Cook County Paid Sick Leave ordinances allow employees to accrue one hour of sick leave for every 40 hours worked, up to 40 hours in a 12-month period. Employees begin accruing paid sick leave upon commencement of employment and can use earned sick leave after completing 180 days of employment. Sick leave may be used by employees to care for themselves or their family members when they are sick or to receive medical care, or if the employee or family member is the victim of domestic violence or sexual abuse. If you have any questions, please contact Customer Support

### Kentucky Handbook Addendum

**Kentucky Meal and Rest Breaks**

The Company will provide employees at least 10 minutes of paid rest for every four hours worked during their shift. Additionally, employees are entitled to take a reasonable meal period near the middle of their shift.

### Maine Handbook Addendum

**Maine Meal and Rest Breaks**

The Company will provide employees who work more than six consecutive hours with at least 30 minutes of unpaid break for uninterrupted mealtime.
Maryland Handbook Addendum

Maryland Earned Sick and Safe Leave

The Maryland Healthy Working Families Act requires employers to provide paid sick and safe leave for certain employees. Earned sick and safe leave begins to accrue on the date on which an employee begins employment with the Company. An employee accrues earned sick and safe leave at a rate of one hour for every 30 hours the employee works; however, an employee is not entitled to earn more than 40 hours of earned sick and safe leave in a year or accrue more than 64 hours of earned sick and safe leave at any time.

An employee is allowed to use earned sick and safe leave under the following conditions:

- To care for or treat the employee’s mental or physical illness, injury, or condition;
- To obtain preventative medical care for the employee or the employee’s family member;
- To care for a family member with a mental or physical illness, injury, or condition;
- For maternity or paternity leave; or
- The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee’s family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3) for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

A family member includes a spouse, child, parent, grandparent, grandchild, or sibling.

An employer is prohibited under the law from taking adverse action against an employee who exercises a right under the Maryland Healthy Working Families Act and an employee is prohibited from making a complaint, bringing an action, or testifying in an action in bad faith.

If you feel your rights have been violated under this law or you would like additional information, you may contact:

Commissioner of Labor and Industry
1100 North Eutaw Street, Room 600 | Baltimore, MD 21201
ssl.assistance@maryland.gov

Massachusetts Handbook Addendum

Massachusetts Pregnant Workers Fairness Act

No employer may discriminate against an employee or applicant in Massachusetts because of her pregnancy or any conditions related to her pregnancy (including, but not limited to, lactation or the need to express breast milk for a nursing child), or deny a reasonable accommodation to such an employee or applicant if she requests an accommodation and it does not impose an undue hardship on the employer.

With respect to an employee or applicant in Massachusetts who is pregnant or affected by a pregnancy-related condition, it is unlawful for an employer to:

- Take adverse action (including failing to reinstate to an equivalent position with equivalent pay and benefits) against such an employee or applicant who requests or uses a reasonable accommodation when the need for a reasonable accommodation ceases;
- Deny an employment opportunity to her if the denial is based on the need of the employer to make a reasonable accommodation to the pregnancy or any pregnancy-related conditions;
- Require her to accept an accommodation that she chooses not to accept, if that accommodation is unnecessary to enable her to perform the essential functions of the job;
• Require her to take a leave if another reasonable accommodation may be provided for the known pregnancy related conditions without undue hardship on the employer;
• Refuse to hire her because of the pregnancy or pregnancy-related condition; provided, however, that she is capable of performing the essential functions of the position with a reasonable accommodation and that reasonable accommodation would not impose an undue hardship on the employer.

Reasonable accommodation may include the following:

• More frequent or longer paid or unpaid breaks;
• Time off to attend to a pregnancy complication or recover from childbirth with or without pay;
• Acquisition or modification of equipment or seating;
• Temporary transfer to a less strenuous or hazardous position;
• Job restructuring;
• Light duty;
• Private non-bathroom space for expressing breast milk;
• Assistance with manual labor; or
• A modified work schedule; provided, however, that an employer shall not be required to discharge or transfer an employee with more seniority or promote an employee who is not able to perform the essential functions of the job with or without a reasonable accommodation.

Once a request for an accommodation is made, the employee or applicant shall engage in a timely, good faith and interactive process to determine an effective reasonable accommodation to perform the essential functions of the position. An employer may documentation about the need for a reasonable accommodation, except for the following requests: (1) more frequent restroom, food or water breaks; (2) seating; (3) limits on lifting more than 20 pounds; and (4) private non-bathroom space for expressing breast milk. For further guidance, please contact Customer Support at (877) 777-8086.

**Massachusetts Paid Sick Leave**

Employees who work in Massachusetts are eligible to earn and use up to 40 hours of paid sick time per calendar year. Full time, part time, exempt, and non-exempt employees working for an employer of less than 11 employees are eligible to earn and use up to 40 hours of unpaid sick time per calendar year. Employees will earn one hour of sick time for every 30 hours worked, and begin accruing those hours on the date of hire. Employees can begin to use earned sick time after their 90th day of employment. Earned paid sick time will be compensated at the same hourly rate paid to the employee when the sick time is used. Employees can carry over up to 40 hours of unused earned sick time to the next year, but cannot use more than 40 hours in a given year.

An employee can use earned sick time for the following reasons:

• To care for a physical or mental illness, injury or medical condition affecting the employee or the employee’s child, spouse, parent, or parent of a spouse
• To attend routine medical appointments of the employee or the employee’s child, spouse, parent, or parent of a spouse
• To address the effects of domestic violence on the employee or the employee’s dependent child.

Employees must make a good faith effort to notify an employer in advance if the need for earned sick time is foreseeable. Employees are not paid for unused sick time at the end of their employment. If an employee misses work for a reason eligible for earned sick time, but agrees to work the same number of hours or shifts in the same or next pay period, the employee will not have to use earned sick time for the missed time, and the employer will not have to pay for that missed time. Earned sick time may not be used in increments smaller than one (1) hour. The employer may require certification of the need for sick time if an employee uses sick time for more than 24 consecutively scheduled work hours.
**Massachusetts Sexual Harassment**

While employees are encouraged to report concerns of prohibited harassment internally, if an employee believes that he or she has been subjected to sexual harassment, he or she may file a formal complaint with the government agency or agencies set forth below. Using the Company's complaint process does not prohibit an employee from filing a complaint with these agencies.

The United States Equal Employment Opportunity Commission ("EEOC") JFK Federal Building, Room 475 Boston, Massachusetts 02203 (617) 565-3200.

The Massachusetts Commission Against Discrimination ("MCAD") Boston Office: One Ashburton Place, Room 601 Boston, Massachusetts 02108 (617) 727-3990.

**Massachusetts Meal Breaks**

Non-exempt employees working more than six (6) hours in a day are provided with an uninterrupted, unpaid lunch break of at least thirty (30) minutes.

---

**Minnesota Handbook Addendum**

**Minnesota Meal and Rest Breaks**

Employees working more than eight (8) hours in a day are provided with an uninterrupted, unpaid lunch break of at least thirty (30) minutes. Employees are also entitled to a rest break to utilize the nearest restroom for every four consecutive hours worked.

**Minnesota Wage Notice Disclosure**

Under the Minnesota Wage Disclosure Protection law, you have the right to tell any person the amount of your own wages. The Company will not retaliate against you for disclosing your own wages. Your remedies under the Wage Disclosure Protection law are to bring a civil action against your employer and/or file a complaint with the Minnesota Department of Labor and Industry at (651) 284-5070 or 1-800-342-5354.

**Minneapolis and St. Paul Sick and Safe Paid Time**

Employees will accrue 1 hour of earned sick leave for every 30 hours worked, up to a maximum of 48 hours of leave per benefit year, and a maximum of 80 hours total. Hours begin to accrue on the first day of work and may be used on the 90th day of employment. Sick and Safe Time is access to time off work for Sick and Safe Time purposes.

It is unlawful for the Company to restrain, prevent, or deny the exercise of any right protected under the Minneapolis or St. Paul Earned Sick and Safe Time Ordinances.

---

**Nevada Handbook Addendum**

**Nevada Meal and Rest Breaks**

Employees who work eight continuous hours are permitted at least one 30-minute uninterrupted meal break. During the break, employees will be relieved of all duties. An uninterrupted meal break lasting at least 30 minutes will be unpaid for nonexempt employees. Employees who work eight continuous hours are permitted at least one 30-minute uninterrupted meal break. During the break, employees will be relieved of all duties. An uninterrupted meal break lasting at least 30 minutes will be unpaid for nonexempt employees.
New Hampshire Handbook Addendum

New Hampshire Meal Breaks
The Company will provide employees who work at least five (5) consecutive hours to take a meal break of thirty (30) minutes.

New Jersey Handbook Addendum

New Jersey Earned Sick Leave Act
Employees will accrue 1 hour of earned sick leave for every 30 hours worked, up to a maximum of 40 hours of leave per benefit year. An employee may carry over up to 40 hours of earned sick leave to the following benefit year.

Employees may use paid sick leave for (a) the diagnosis, care, treatment, recovery and/or preventive care for the employee’s own mental or physical illness or injury or the employee’s family member’s mental or physical illness or injury; (b) absence due to a public health emergency declared by a public official that causes the closure of the employee’s workplace or the school or childcare facility of the employee’s child or requires the employee or an employee’s family member to seek care; (c) a necessary absence for medical, legal or other victim services because of domestic or sexual violence perpetrated on the employee or the employee’s family member; or (d) to attend a school-conferences, meetings, or any event requested or required by a child’s school administrator, teacher, or other professional staff member responsible for the child’s education, or to attend a meeting regarding a child’s health or disability.

If your need for earned sick leave can be planned in advance, please provide seven days’ advance notice of your intention to use earned sick leave. If your need for earned sick leave cannot be planned in advance, you must provide notice as soon as it is practical.

The Company cannot retaliate against you for requesting or using earned sick leave, filing a complaint with NJDOL, communicating with any person about a violation of the law, participating in an investigation regarding an alleged violation of the law, or informing another person of their potential rights under the law. For more information, contact NJDOL by email at wage.hour@dol.nj.gov or call 609-292-2305

New Jersey Family Leave Act (NJFLA)
The NJFLA requires employers to provide eligible employees up to 12 weeks of unpaid leave in a 24-month period for the birth or adoption of a child or the serious health condition of a child, spouse, civil union partner, parent, or parent-in-law. An eligible employee is one who has been employed for at least 12 months within the state and for 1,000 base hours in the 12-month period immediately preceding the leave. Unlike the federal Family and Medical Leave Act (FMLA), the NJFLA does not provide leave for an employee’s own serious health condition. Leave taken for a reason covered by both the FMLA and the NJFLA runs concurrently under both laws. Leave taken for a reason covered only under one law runs against that law only. When an employee returns from NJFLA, the employee is entitled to reinstatement to the position he or she held before the leave, or if the position is no longer available, to an equivalent position of like seniority, status, employment benefits, and other terms and conditions of work.

New Jersey Family Leave Insurance (NJFLI) and Temporary Disability Insurance (TDI)
Employees working in New Jersey may be eligible for up to six weeks of family leave insurance benefits paid by the state when taking leave for a reason covered under the NJFLA. NJFLI benefits are two-thirds of an employee’s regular weekly pay, up to a certain limit that adjusts with inflation. NJFLI benefits are not available to employees taking leave for their own serious health condition, although employees who suffer non-work related injuries or illnesses may be eligible for up to 26 weeks of state TDI benefits up to a maximum benefit that adjusts on an annual basis. For more information, contact the Division of Temporary
New York Handbook Addendum

New York State Paid Family Leave

New York provides Paid Family Leave so an employee can (1) bond with a newly born, adopted, or fostered child; (2) care for a family member with a serious health condition; or (3) assist loved ones when a family member is deployed abroad on active military duty. Paid Family Leave does not cover leave for an employee’s own serious illness or disability. Additional protections. Employees have a right to return to their same or comparable job upon return from Paid Family Leave. Employees are guaranteed continued health insurance while on leave. Employers may require employees to continue to pay their health insurance premium contributions. Citizenship and immigration status do not impact eligibility. Employers cannot discriminate against employees for taking Paid Family Leave. For more information, visit NY.Gov/paidfamilyleave or call (844) 337-6303.

New York City Paid Sick Time

Full-time and part-time employees in New York City who work more than eighty (80) hours per calendar year shall be entitled to one (1) hour of paid sick time for every thirty (30) hours worked by the employee, up to a maximum of forty (40) hours of sick time per calendar year. Sick time shall begin to accrue at the commencement of employment, or April 1, 2014, whichever is later, and an employee shall be entitled to begin using sick time on the one hundred twentieth (120th) calendar day following commencement of employment or April 1, 2014. Sick time may be used as it is accrued.

Sick time may be used for all authorized uses under the Law and the Rules, including but not limited to care or treatment of the employee’s mental or physical illness, injury, health condition, or the preventative care, for an employee’s child, spouse, domestic partner, parent, sibling, grandchild, grandparent, or child or parent of a spouse or domestic partner, or because the employee’s place of business or the employee’s child’s school or childcare provider has been closed by order of a public official due to a public health emergency. Employees must provide reasonable notice of the need to use sick time to Customer Support. Reasonable notice means at least two (2) hours prior to a scheduled shift. An employee’s use of sick time shall not be conditioned upon searching for or finding a replacement worker.

Employees may use sick time in minimum increments of four (4) hours per day, provided such minimum increment is reasonable under the circumstances. Sick time may be carried over into the following calendar year, however, an employee is not permitted to accrue or use more than forty (40) hours of sick time in a calendar year. Employees will not receive payment for accrued but unused sick time at termination of employment.

The Company may require an employee to provide reasonable notice of the need to use sick time. Where such need is foreseeable, the Company requires reasonable advance notice, which need not be more than seven (7) days prior, of the intention to use paid sick time. The Company may require reasonable documentation for sick time lasting more than three (3) consecutive days. The documentation does not have to disclose the nature of the illness, injury, or health condition. Employees shall have a minimum of seven (7) days from the date he or she returns to work to obtain such documentation. Failure or delay in provision of such documentation could result in the Company denying the use of sick time.

Employees will be paid the same rate for sick leave as they would have earned had they worked those hours. Employees will be paid for sick time used no later than the payday for the next regular payroll period beginning after the sick time was used by the Employee.
Employees who misuse sick time in accordance with this policy (i.e. for purposes other than those provided here) may be subject to discipline, up to and including termination of employment. It is a violation of the Law for the Company to take any adverse action against an employee for exercising his or her rights under the Law, and any employee whose rights may have been violated may contact or file a complaint with the NYC Department of Consumer Affairs.

**New York Meal Breaks**

New York law recognizes the noon meal hour as occurring between 11:00 a.m. and 2:00 p.m. The Company will provide employees who work more than six (6) hours that cover this noon meal hour at least thirty (30) minutes for a lunch break. The Company will provide employees who start work before 11:00 a.m. and continue working later than 7:00 p.m. an additional meal period of at least 20 minutes between 5:00 p.m. and 7:00 p.m.

**Oregon Handbook Addendum**

**Oregon Meal and Rest Breaks**

The Company will provide meal periods of at least thirty (30) minutes to employees who work shifts of six (6) or more hours. The Company will also provide a paid rest period of not less than ten (10) minutes for every segment of four (4) hours worked in one work period. This time is provided in addition to and separately from time allowed for meals.

**Pennsylvania Handbook Addendum**

**Philadelphia Wage Theft Ordinance**

The Philadelphia Pay Wage Theft Ordinance (PWTO) imposes additional penalties on Philadelphia employers, including employers that compensate employees for work performed in Philadelphia or enter into employment contracts in Philadelphia, for the underpayment or nonpayment of wages. Under this new law, covered employers are required to provide notice to employees that:

- Employees are entitled to file complaints for unpaid wages under the PWTO;
- Retaliation against employees who file complaints under the PWTO is prohibited; and
- Each employee has the right to file a complaint or bring a civil action of the employer fails to pay allowable wages earned by the employee.

**Rhode Island Handbook Addendum**

**Rhode Island Meal Breaks**

Employees who work at least six (6) hours in a shift are entitled to a meal break. The Company will provide meal periods of at least twenty (20) minutes to employees who work six (6) hours and at least thirty (30) minutes for employees who work eight hours.

**Rhode Island Sick and Safe Leave**

The Healthy and Safe Families and Workplaces Act gives Rhode Island employees the right to take time off from work to care for themselves when they are too sick to work, are injured or have a routine medical appointment. Employees will earn one hour of sick and safe leave for every 35 hours worked, up to 40 hours per year. Employees may also use earned leave to deal with the impact of domestic violence, sexual assault or stalking. In addition, they may use earned leave to assist their child, spouse, domestic partner or other member of their household for the same purposes.
American Mobile Healthcare Handbook

The Company will not take adverse action against an employee for attempting to exercise their legal right to use earned sick/safe leave. If you have any questions, please contact Customer Support. For additional information, please contact Healthy and Safe Families and Workplaces Act, call (401) 462-8550, email DLT.LaborStandards@dlt.ri.gov or go to: www.dlt.ri.gov/ls/HSFWact.htm

Rhode Island Temporary Disability and Caregiver Insurance

Rhode Island has a state-run program that provides temporary disability insurance (TDI) and temporary caregiver insurance (TCI) for employees, paid for by a special tax withheld from employees’ pay. Eligible employees who are unable to work due to illness, injury, or pregnancy, or the serious health condition of a child, spouse, partner, parent, or close relative can get a cash benefit to partially replace their lost wages. This insurance is designed to provide income when you are absent from work for more than seven calendar days due to non-occupational illness, injury or pregnancy-related disability. The benefits are calculated as a percentage of your salary up to a maximum each week, as specified by law, for up to 30 weeks. The cost of this insurance is fully paid by the employee. The TDI and TCI programs is operated by the Rhode Island Department of Labor and Training. For information about claims management, call (401) 462-8446 or e-mail dlt.tdi@dlt.ri.gov.

Tennessee Handbook Addendum

Tennessee Meal Breaks

Employees scheduled to work six consecutive hours or more are entitled to an unpaid meal period lasting at least 30 minutes. The meal break cannot be scheduled during or before the first hour of work.

Texas Handbook Addendum

Dallas Paid Sick Leave Ordinance

An employee who works for the Company for at least 80 hours within the geographic boundaries of the City of Dallas is entitled to earn paid sick time under the Earned Paid Sick Time Ordinance. Eligible employees will receive one hour of paid sick time for every 30 hours worked for the Company in Dallas. An employee can begin using paid sick time as soon as the employee has worked at least 80 hours within the geographic boundaries of the City of Dallas and the paid sick time is earned. An employee can accrue up to 64 hours of earned paid sick time that can be carried over to the following year.

An employee can use paid sick time (1) for the employee’s physical or mental illness, physical injury, preventative medical or health care, or health condition; (2) to care for the employee’s family member’s physical or mental illness, physical injury, preventative medical or health care, or health condition; and (3) for the employee’s or the employee’s family member’s need to seek medical attention, seek relocation, obtain services of a victim services organization, or participate in legal or court ordered action related to an incident of victimization from domestic abuse, sexual assault, or stalking involving the employee or the employee’s family member.

The Company will not retaliate against an employee for requesting paid sick time, using paid sick time, filing a complaint, participating in an investigation, or doing anything else that is protected under the Earned Paid Sick Time Ordinance.

An employee may file a complaint with the City of Dallas Office of Fair Housing and Human Rights if an employee believes their rights under the Ordinance have been violated.

San Antonio Sick and Safe Leave Ordinance

An employee who works for the Company within the geographic boundaries of the City of San Antonio is entitled to earn paid sick and safe time under the Sick and Safe Leave Ordinance. Eligible employees will
accrue 1 hour for every 30 hours worked, up to 56 hours per year. While sick and safe leave begins to accrue from the first working day for new employees, employees must wait to 90 days before using any accrued time.

The Company may request medical documentation or other verification if an employee misses more than three consecutive days, or whether the Company reasonably suspects abuse of the sick and safe leave time.

The Company will not retaliate against an employee for requesting paid sick time, using paid sick time, filing a complaint, participating in an investigation, or doing anything else that is protected under the Sick and Safe Leave Ordinance.

Vermont Handbook Addendum

Vermont Earned Sick Time

Under the Vermont Earned Sick Time Law (VESTL), all employers doing business or operating in Vermont must provide paid sick leave to eligible employees for the following reasons:

- The employee's or a family member's illness; injury; or diagnostic, preventive, routine or therapeutic health care;
- To accompany a family member to an appointment related to long-term care;
- For reasons related to domestic violence, sexual assault or stalking; and
- When a family member's school or business is closed for public health or safety reasons.

Covered employees include any employee whose primary place of work is in Vermont, who work more than 18 hours per week (on average), and who work more than 20 weeks in a 12-month period. Covered employees will earn one hour of paid sick time for every 52 hours worked. Employees can accrue up to 40 hours year, which can be rolled over into the subsequent year.

Washington Handbook Addendum

Washington Meal and Rest Breaks

The Company will provide non-exempt employees working at least five (5) consecutive hours thirty (30) minutes for a lunch break beginning no less than two (2) and nor more than five (5) hours from the beginning of the employee's shift. Although, in accordance with the Company's general lunch break policy in the handbook, non-exempt employees may take up to one (1) hour for this first lunch break. The Company will provide an additional thirty (30) minute meal period before or during an overtime period of three (3) or more hours after the normal work day. The Company will provide a rest period of ten (10) minutes for every four (4) hours of working time. The rest period will occur as close as possible to the midpoint of the work period, and no employee will be required to work more than three (3) hours without a rest period.

Washington Family Medical Leave

Employees who have worked at the Company for 12 months and at least 1,250 hours over a twelve (12) month period are provided up to twelve (12) weeks of unpaid protected leave in a twelve (12) month period under Washington's Family Leave Act ("FLA") for:

- the birth of a child of the employee and in order to care for the child;
- the placement of a child with the employee for adoption or foster care;
- to care for a family member of the employee, if the family member has a serious health condition; or
- a serious health condition that makes the employee unable to perform the functions of the position of the employee.

Eligible employees are also entitled to leave under the FLA in the following circumstances:
• Pregnant employees who work at a worksite that has fifty (50) or more employees within a seventy-five (75) mile radius of the pregnant woman's worksite are entitled to twelve (12) weeks of unpaid FLA leave in addition to pregnancy disability leave ordered by her health care provider;
• If an employee qualifies for the federal FMLA and the employee needs leave to care for a registered domestic partner with a serious health condition, the employee is entitled to up to twelve (12) weeks of unpaid FLA leave; and
• In certain limited circumstances where an employee has exhausted all or part of the employee's federal FMLA entitlement for military exigencies that are not covered under the FLA, the employee will still be entitled to FLA leave as the employee's FLA leave will not have run while the employee was on FMLA leave.

Employees can take family care and medical leave all at once, on an intermittent basis or on a reduced leave schedule. Employees must provide at least thirty (30) days advance notice of the need for FLA leave for an expected birth or placement of a child, or as much notice as is practicable if FLA leave is taken for their own health conditions or the serious health conditions of their family members. The Company reserves the right to request medical certifications regarding the need for FLA leave. On return from FLA leave, the Company will restore employees to their prior positions, or equivalent positions with equivalent pay, benefits, and other terms and conditions of employment. In most cases, FLA leave runs concurrently with leave under the Family Medical Leave Act ("FMLA"), if applicable. For additional information, please contact Customer Support.

**Washington Family Care Leave**

In compliance with Washington's Family Care Act, employees may use available paid sick leave or paid vacation to care for a sick minor child with a routine illness, for a spouse, registered domestic partner, parent, parent-in-law or grandparent with a serious or emergency health condition or for a sick adult who is incapable of self-care because of a physical or mental disability. This leave applies only to paid leave that the employee has "earned" under a Company policy, and the Company will not advance such leave.

**Washington Paid Sick Leave**

Employees working in Washington will accrue one hour of paid sick leave for every 40 hours worked. An employee can carry over up to 40 accrued hours of sick leave to a subsequent year.

Employees may use paid sick leave for **themselves or their family members** for any of the following reasons:

- A mental or physical illness, injury, or health condition.
- To diagnose, care for, or treat a mental or physical illness, injury, or health condition.
- To receive preventive medical care.
- For leave that qualifies under the state’s Domestic Violence Leave Act.
- If an employee's workplace, or their child's school or place of care, has been closed by order of a public official for a health-related reason.

For foreseeable events, such as appointments scheduled in advance, employees are required to provide 10 days’ notice, or as early as practical. For unforeseeable uses of paid sick leave, employees must notify the Company as soon as possible before the start of their shift, unless it is impractical to do so. For absences exceeding three required work days or longer, the employee is required to provide verification that their paid sick leave absences are for an authorized purpose.

Any discrimination or retaliation against an employee for lawful exercise of paid sick leave rights is not allowed. Employees will not be disciplined for the lawful use of paid sick leave. If an employee feels they are being discriminated or retaliated against, the employee may contact Customer Support. If an employee is not satisfied with the Company’s response, the employee may contact the Washington State Department of Labor & Industries. Online: www.Lni.wa.gov/WorkplaceRights Call: 1-866-219-7321, toll-free Visit: www.Lni.wa.gov/Offices Email: ESgeneral@Lni.wa.gov

American Mobile Healthcare Handbook 66
**Seattle Paid Sick Leave**

As an enhancement to the benefits afforded under the Washington Paid Sick Leave law, employees in Seattle shall accrue 1 hour of paid sick time for every 30 hours worked under the Paid Sick and Safe Time (PSST) law. Seattle employees can carry over up to 72 hours to the subsequent year. Any accrued but unused PSST hours are not available to be paid out upon termination of employment.

Employees cannot be retaliated against for using Paid Sick and Safe Time. If you believe that your PSST rights have been violated, we ask that you please reach out to Customer Support so that we can attempt to rectify the situation. If we are not able to resolve the situation to your satisfaction, you may file a complaint with Seattle’s Office of Labor Standards (OLS) or bring a civil action. OLS also provides free technical assistance, brochures, posters and other resources. For more information from OLS, call 206-684-4500 or visit [http://www.seattle.gov/laborstandards/ordinances/paid-sick-and-safe-time](http://www.seattle.gov/laborstandards/ordinances/paid-sick-and-safe-time).

**Washington Paid Family and Medical Leave**

Paid Family and Medical Leave is a mandatory statewide insurance program that will provide almost every Washington employee with paid time off to give or receive care. If you qualify, this program will allow you to take up to 12 weeks, as needed, if you:

- Welcome a child into your family (through birth, adoption or foster placement)
- Experience a serious illness or injury
- Need to care for a seriously ill or injured relative
- Need time to prepare for a family member’s pre- and post-deployment activities, as well as time for childcare issues related to a family member’s military deployment.

If you face multiple events in a year, you might be eligible to receive up to 16 weeks, and up to 18 weeks if you experience a serious health condition during pregnancy that results in incapacity.

The program is funded by premiums paid by both employees and employers. It will be administered by the Employment Security Department (ESD). The Company will calculate and withhold premiums from your paycheck and send both your share and theirs to ESD on a quarterly basis.

Starting Jan. 1, 2020, employees who have worked 820 hours in the qualifying period (equal to 16 hours per week for a year) will be able to apply to take paid medical leave or paid family leave. The 820 hours are cumulative, regardless of the number of employers or jobs someone has during a year. All paid work over the course of the year counts toward the 820 hours, including part-time, seasonal and temporary work. While on leave, you are entitled to partial wage replacement. That means you will receive a portion of your average weekly pay. The benefit is generally up to 90 percent of your weekly wage, with a minimum of $100 per week and a maximum of $1,000 per week. You will be paid by the Employment Security Department rather than your employer.

Please go to [paidleave.wa.gov](http://paidleave.wa.gov) for more information.
Appendix

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by the Company.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through the Marketplace happens annually in November-December for coverage starting as early as January 1st.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by the Company, please check your summary plan description or contact Your Benefits Team at (877) 744-1546.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by the Company Healthcare

This section contains information about health coverage offered by the Company. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

<table>
<thead>
<tr>
<th>Employer name: AMN Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification Number EIN: 56-1708641</td>
</tr>
<tr>
<td>Employer address: 12400 High Bluff Drive, San Diego CA 92130</td>
</tr>
<tr>
<td>Employer telephone number: (877) 744-1546</td>
</tr>
<tr>
<td>Name of contact for team member health coverage: Benefits Team</td>
</tr>
<tr>
<td>Phone number of contact: (877) 744-1546</td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by the Company:

**As your employer, we offer a health plan to:**

Those employees that are scheduled to work 30 hours or more a week as well as those that have worked an average of 30 hours over a 12 month look-back period. Look-back period is determined either individually if a new hire or as a group for on-going employees.

**With respect to dependents, we offer coverage to:**

Lawful spouse, domestic partner, and dependent children up to age 26 or over the age limit when disabled.

**We offer coverage that:**

Meets the minimum value standard; and
Is intended to be affordable at $32.00 weekly for Employee Only coverage

**Even if the Company intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
Excerpt From IRS Publication 463

Members of the Armed Forces. If you are a member of the U.S. Armed Forces on a permanent duty assignment overseas, you aren't traveling away from home. You can't deduct your expenses for meals and lodging. You can't deduct these expenses even if you have to maintain a home in the United States for your family members who aren't allowed to accompany you overseas. If you are transferred from one permanent duty station to another, you may have deductible moving expenses, which are explained in Pub. 521, Moving Expenses.

A naval officer assigned to permanent duty aboard a ship that has regular eating and living facilities has a tax home (explained next) aboard the ship for travel expenses purposes.

Tax Home

To determine whether you are traveling away from home, you must first determine the location of your tax home.

Generally, your tax home is your regular place of business or post of duty, regardless of where you maintain your family home. It includes the entire city or general area in which your business or work is located.

If you have more than one regular place of business, your tax home is your main place of business. See Main place of business or work, later.

If you don't have a regular or a main place of business because of the nature of your work, then your tax home may be the place where you regularly live. See No main place of business or work, later.

If you don't have a regular or a main place of business or post of duty and there is no place where you regularly live, you are considered an itinerant (a transient) and your tax home is wherever you work. As an itinerant, you can't claim a travel expense deduction because you are never considered to be traveling away from home.

Main place of business or work. If you have more than one place of business or post of duty and there is no place where you regularly live, you are considered an itinerant (a transient) and your tax home is wherever you work. As an itinerant, you can't claim a travel expense deduction because you are never considered to be traveling away from home.

The total time you ordinarily spend in each place.

The level of your business activity in each place.

Whether your income from each place is significant or insignificant.

Example. You live in Cincinnati where you have a seasonal job for 8 months each year and earn $40,000. You work the other 4 months in Miami, also at a seasonal job, and earn $15,000. Cincinnati is your main place of work because you spend most of your time there and earn most of your income there.

No main place of business or work. If you don't have a regular or main place of business or work, use the following three factors to determine where your tax home is.

Factors used to determine tax home. If you don't have a regular or main place of business or work, use the following three factors to determine where your tax home is.

1. You perform part of your business in the area of your main home and use that home for lodging while doing business in the area.
2. You have living expenses at your main home that you duplicate because your business requires you to be away from that home.
3. You haven't abandoned the area in which both your historical place of lodging and your claimed main home are located; you have a member or members of your family living at your main home; or you often use that home for lodging.

If you satisfy all three factors, your tax home is the home where you regularly live. If you satisfy only two factors, you may have a tax home depending on all the facts and circumstances. If you satisfy only one factor, you are an itinerant; your tax home is wherever you work and you can't deduct travel expenses.

Example 1. You are single and live in Boston in an apartment you rent. You have worked for your employer in Boston for a number of years. Your employer employs you in a 12-month executive training program. You don't expect to return to work in Boston after you complete your training.

During your training, you don't do any work in Boston. Instead, you receive classroom and on-the-job training throughout the United States. You keep your apartment in Boston and return to it frequently. You use your apartment to conduct your personal business. You also keep up your community contacts in Boston. When you complete your training, you are transferred to Los Angeles.

You don't satisfy factor (1) because you didn't work in Boston. You satisfy factor (2) because your employer pays your living expenses. You also satisfy factor (3) because you didn't abandon your apartment in Boston as your main home, you kept your community contacts, and you frequently returned to live in your apartment. Therefore, you have a tax home in Boston.

Example 2. You are an outside salesperson with a sales territory covering several states. Your employer's main office is in New York, but you don't conduct any business there. Your work assignments are temporary, and you have no way of knowing where your future assignments will be located. You have a room in your married sister's house in Dayton. You stay there for one or two weekends a year, but you do no work in the area. You don't pay your sister for the use of the room.

You don't satisfy any of the three factors listed earlier. You are an itinerant and have no tax home.

Tax Home Different From Family Home

If you (and your family) don't live at your tax home (defined earlier), you can't deduct the cost of traveling between your tax home and your family home. You also can't deduct the cost of meals and lodging while at your tax home. See Example 1, later.
If you are working temporarily in the same city where you and your family live, you may be considered as traveling away from home. See Example 2 later.

Example 1. You are a truck driver and you and your family live in Tucson. You are employed by a trucking firm that has its terminal in Phoenix. At the end of your long runs, you return to your home terminal in Phoenix and spend one night there before returning home. You can't deduct any expenses you have for meals and lodging in Phoenix or the cost of traveling from Phoenix to Tucson. This is because Phoenix is your tax home.

Example 2. Your family home is in Pittsburgh, where you work 12 weeks a year. The rest of the year you work for the same employer in Baltimore. In Baltimore, you eat in restaurants and sleep in a rooming house. Your salary is the same whether you are in Pittsburgh or Baltimore.

Because you spend most of your working time and earn most of your salary in Baltimore, that city is your tax home. You can't deduct any expenses you have for meals and lodging there. However, when you return to work in Pittsburgh, you are away from your tax home, even though you stay at your family home. You can deduct the cost of your round trip between Baltimore and Pittsburgh. You can also deduct your part of your family's living expenses for meals and lodging while you are living and working in Pittsburgh.

Temporary Assignment or Job

You may regularly work at your tax home and also work at another location. It may not be practical to return to your tax home from this other location at the end of each work day.

Temporary assignment vs. indefinite assignment. If your assignment or job away from your main place of work is temporary, your tax home doesn't change. You are considered to be away from home for the whole period you are away from your main place of work. You can deduct your travel expenses if they otherwise qualify for deduction. Generally, a temporary assignment in a single location is one that is realistically expected to last (and does in fact last) for 1 year or less.

However, if your assignment or job is indefinite, the location of the assignment or job becomes your new tax home and you can't deduct your travel expenses while there. An assignment or job in a single location is considered indefinite if it is realistically expected to last for more than 1 year, whether or not it actually lasts for more than 1 year.

If your assignment is indefinite, you must include in your income any amounts you receive from your employer for living expenses, even if they are called travel allowances and you account to your employer for them. You may be able to deduct the cost of relocating to your new tax home as a moving expense. See Pub. 521 for more information.

Exception for federal crime investigations or prosecutions. If you are a federal employee participating in a federal crime investigation or prosecution, you aren't subject to the 1-year rule. This means you may be able to deduct travel expenses even if you are away from your tax home for more than 1 year provided you meet the other requirements for deductibility.

For you to qualify, the Attorney General (or his or her designee) must certify that you are traveling:
- For the federal government;
- In a temporary duty status; and
- To investigate, prosecute, or provide support services for the investigation or prosecution of a federal crime.

Determining temporary or indefinite. You must determine whether your assignment is temporary or indefinite when you start work. If you expect an assignment or job to last for 1 year or less, it is temporary unless there are facts and circumstances that indicate otherwise. An assignment or job that is initially temporary may become indefinite due to changed circumstances. A series of assignments to the same location, all for short periods but that together cover a long period, may be considered an indefinite assignment.

The following examples illustrate whether an assignment or job is temporary or indefinite.

Example 1. You are a construction worker. You live and regularly work in Los Angeles. You are a member of a trade union in Los Angeles that helps you get work in the Los Angeles area. Your tax home is Los Angeles. Because of a shortage of work, you took a job on a construction project in Fresno. Your job was scheduled to end in 8 months. The job actually lasted 10 months.

You realistically expected the job in Fresno to last 8 months. The job actually did last less than 1 year. The job is temporary and your tax home is still in Los Angeles.

Example 2. The facts are the same as in Example 1, except that you realistically expected the work in Fresno to last 18 months. The job actually was completed in 10 months. Your job in Fresno is indefinite because you realistically expected the work to last longer than 1 year, even though it actually lasted less than 1 year. You can't deduct any travel expenses you had in Fresno because Fresno became your tax home.

Example 3. The facts are the same as in Example 1, except that you realistically expected the work in Fresno to last 9 months. After 8 months, however, you were asked to remain for 7 more months (for a total actual stay of 15 months).

Initially, you realistically expected the job in Fresno to last for only 9 months. However, due to changed circumstances occurring after 8 months, it was no longer realistic for you to expect that the job in Fresno would last for 1 year or less. You can deduct only your travel expenses for the first 8 months. You can't deduct any travel expenses you had after that time because Fresno became your tax home when the job became indefinite.

Going home on days off. If you go back to your tax home from a temporary assignment on your days off, you aren't considered away from home while you are in your hometown. You can't deduct the cost of your meals and lodging there. However, you can deduct your travel expenses, including meals and lodging, while traveling between your temporary place of work and your tax home. You can claim these expenses up to the amount it would have cost you to stay at your temporary place of work.

If you keep your hotel room during your visit home, you can deduct the cost of your hotel room. In addition, you can deduct your expenses of returning home up to the amount you would have spent for meals had you stayed at your temporary place of work.

Probationary work period. If you take a job that requires you to move, with the understanding that you will keep the job if your work is satisfactory during a probationary period, the job is indefinite. You can't deduct any of your expenses for meals and lodging during the probationary period.

What Travel Expenses Are Deductible?

Once you have determined that you are traveling away from your tax home, you can determine what travel expenses are deductible.

You can deduct ordinary and necessary expenses you have when you travel away from home on business. The type of expense you can deduct depends on the facts and your circumstances.

Table 5-1 summarizes travel expenses you may be able to deduct. You may have other deductible travel expenses that aren't covered there, depending on the facts and your circumstances.

Table 5-1 summarizes travel expenses you may be able to deduct. You may have other deductible travel expenses that aren't covered there, depending on the facts and your circumstances.

When you travel away from home on business, you must keep records of all the expenses you have and any advances you receive from your employer. You can use a log, diary, notebook, or any other written record to keep track of your expenses. The types of expenses you need to record, along with supporting documentation, are described in Table 5-1 (see chapter 5).

Separating costs. If you have one expense that includes the costs of meals, entertainment, and other services (such as lodging or transportation), you must allocate that expense between the cost of meals and entertainment and the cost of other services. You must have a reasonable basis for making this allocation. For example, you must allocate your expenses if a hotel includes one or more meals in its room charge.

Travel expenses for another individual. If a spouse, dependent, or other individual goes with you (or your employee) on a business trip or to a business convention, you generally can't deduct his or her travel expenses.

Employee. You can deduct the travel expenses of someone who goes with you if that person: