

## **CONTRACTOR EMPLOYEE AGREEMENT AND WAIVER**

In consideration of my assignment to SCDMH or any of its inpatient or outpatient facilities (SCDMH) as a supplemental nursing personnel contractor for Worldwide Travel Staffing, Limited, I understand and agree that while assigned to SCDMH, I am solely an employee of Worldwide Travel Staffing, Limited. I also agree that for all benefits plan, and all other employment purposes, I am eligible only for such benefits as Worldwide Travel Staffing, Limited, may offer to me as its employee. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by SCDMH, inpatient or outpatient facilities or other components, regardless of the length of my assignment to SCDMH and regardless of whether I am held to be a common-law employee of Worldwide Travel Staffing, Limited for any purpose. I also acknowledge that I have been given the opportunity to consult with anyone of my choosing before signing this agreement and waiver. Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_