**emf med**

**ABSOLUTE HOME HEALTH, INC.**

4740 Murphy Canyon Rd Ste 222, San Diego, CA 92123

Agency Phone: (858) 541- 2000 Agency Fax: (858) 541- 2011

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB OFFER: Registered Nurse/RN**

We are pleased to offer you an **RN** position with Absolute Home Health, INC. As a **PER DIEM**. We trust that your knowledge, skill, and experiences will be one of our most valuable assets. Should you accept this job offer, your pay rate is as follows…

|  |  |  |  |
| --- | --- | --- | --- |
| Per SOC Oasis | $90.00 | NVODC | $25.00 |
| Per ROC Oasis | $70.00 | Transfer | $20.00 |
| Per Recert Oasis | $70.00 | Phone/Visit | $10.00 |
| Per D/C | $70.00 | 60 Day Summary | $10.00 |
| Per F/U | $50.00 | Oasis Death | $10.00 |
|  |  | Missed Visit | $10.00 |
|  |  | Training | $80.00 |

To accept or decline this job offer, please sign and date the appropriate option below. Absolute Home Health definitely hope that you will accept this offer and look forward to having you on our team. Please feel free to contact me should you have any questions or concerns.

**Please note the following:**

**Registered Nurses must be available for on-call duty one (1) weekend a month.**

|  |
| --- |
| **I DECLINE THE JOB OFFER** |
| By signing and dating this letter, I DECLINE the offer of the RN position with Absolute Home Health. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **I ACCEPT THE JOB OFFER** |
| By signing and dating this letter, I ACCEPT the offer of the RN position with Absolute Home Health. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CEO Signature of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**