

**Article II
EMPLOYER RESPONSIBILITIES**

I, _____ (Employer) agree to the following:

1. I will provide my fiscal intermediary with the necessary documentation to assure timely compensation of my employee.
2. I will compensate my employee in the following manner: \$ _____/hour.

Benefits will include: _____
Payroll will be handled by my fiscal intermediary HR Alliance Care, which will withhold all necessary tax, unemployment and other withholdings from the employee's paychecks.

3. I will assure my employee receives appropriate training.
4. I will evaluate the performance of my employees and provide appropriate feedback on an annual basis to assure that I am receiving quality supports.
5. I will assure that my employee executes as Medicaid Provider Agreement with PIHP/CMHSP.

Employee Signature

Date

Employer Signature

Date