Childhood Autism Treatment Team - Employment Agreement

This is an employment agreement between Childhood Autism Therapies LLC doing business as (DBA) Childhood Autism Treatment Team (employer, designated by initials CHATT/CHAT), represented by lead therapist Dr. Colleen Ryan and business manager Mike Rubingh, and

_____, (employee).

Duties: As employee of Childhood Autism Treatment Team, I agree to fulfill all duties of Line Therapist as that role is understood according to the Wisconsin CLTS waiver program for Autism therapy including a) cooperating with supervising psychologist and senior therapists in designing and implementing therapy programs b) following Applied Behavior Analysis (ABA) techniques as primary therapeutic approach c) documenting therapy hours and results according to standard formats--e.g reports, timesheets, etc.--required by State and Insurance administration. d) meeting the job experience and training requirements for the position described and abiding by all rules and requirements of the new WI autism insurance mandate as expressed in the business practices of Childhood Autism Treatment Team. e) understand and employ proper privacy practices consistent with the therapists role.

At-will employment: This employment will be on an at-will basis. Both parties have the right to terminate this agreement 'at will', with or without cause, at any time without prior notice. This offer of at-will employment is further contingent upon: a) provision of accurate and complete information in an Employment Application and any supporting documentation approved by the Lead Therapist; b) a Successful Comprehensive Background Check per state waiver rules. Lead therapist retains the right to set and modify reimbursement rates as she sees fit based on autism experience and credentials. Using seniority and location-based judgment, CHATT will rank openings and attempt to keep seniors and lines making adequate hours; however, there will be periods of low hours and downtime because of the nature of the business.

Non-compete: As employee I agree not to compete with Childhood Autism Treatment Team by a) taking a family and/or child served by CHATT and directly or indirectly delivering them to a competing agency or starting a competing agency b) provide confidential CHATT information to a competitor. This non-compete agreement shall continue in effect while I am employed by CHATT for any child, and for 2 years after the end of work with a particular child or family, unless written permission for a non-compete waiver is granted by the lead therapist.

Scope of Employment: I understand that the scope of this employment agreement will be limited by the following parameters a) employment will be part-time hourly employment at a rate of _____ dollars per hour for autism therapy services to the family of _____. I understand that while CHATT makes every effort to keep reimbursement rates consistent with experience levels, Insurers reimburse at differing rates, and the listed rate cannot be guaranteed for future children beyond this agreement b) employment will continue as long as the family agrees, meets waiver requirements, and reimbursement for services provided are continuing from insurance company and/or state payers. If insurance or state reimbursement are terminated, hours already worked will be paid up to the date Childhood Autism Treatment Team provides notification to the employee. c) employee will bill only as a part-time employee (under 40 hours) for the insurance-funded child or children being he/she serves with Childhood Autism Treatment Team. This part-time limitation does not apply, however, to any work I'm performing under the 'family-as-employer' and fiscal agent model or daily living skills (DLS) and I may continue any work I'm performing under that approach as long as the state allows these work formats to continue.

Documentation: I understand that I am required to meet federal and state requirements for employment, and will be required to provide proof of both identity and eligibility to work via document confirmation using the standard I-9 form, and will be required to submit to standard federal and state tax withholding per form W-4.

Signature of Employer/Employer Representative:

Date:

Signature of Employee

Date: