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## PER DIEM ACKNOWLEDGEMENT

I, \_\_\_\_\_, am fully aware by taking this position with Southern Medical Corporation, as a “Per Diem” employee, I will not be eligible to participate in certain non-legal mandated benefit programs applicable only to regular employees.

By signing this form, I understand that my “Per Diem” status will remain in effect until such time either I terminate my employment with SMC or an appropriate company official authorizes a change of status.

X \_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Sign

\_\_\_\_\_  
Date