

Overtime Eligible PCA Employment & Wage Agreement Addendum

This agreement is entered into effective on ____/____/____ by and between the following:

The parties entering this agreement are hereby identified as; **Ability Care Partners Inc**, hereby referred to as “Ability Care Partners” or “*ACP*”;

“Personal Care Assistant (*PCA*)” _____, and;
(First Name) (Last Name)

“Consumer” _____, and;
(First Name) (Last Name)

“Responsible Party” _____, and;
**If applicable* (First Name) (Last Name)

As a PCA employed by ACP to work for the consumer named above, I hereby agree to the following terms:

- I hereby request to be classified as an Overtime Eligible PCA until I cancel this agreement in writing.**
- I am signing this decision based on my own decision without undue influence or coercion by the consumer or the company. **I acknowledge that I am not being forced to sign this agreement to remain employed by ACP.**
- I agree to the hourly wage of \$ _____ per hour. I am hereby authorized to work up to _____ hours per week (Sun-Sat). For any hours over 40 in one calendar week (Sun-Sat) I will be paid overtime at the standard 1.5 times my hourly wage as required by law.**
- I understand that I will not be guaranteed any minimum number of hours by the consumer or the company. I also understand that if my hours worked in any week are below 40 hours, my wage will remain the same as listed below and will not adjust due to the lack of overtime.**
- I understand that I will not be able to cancel and renegotiate this agreement as I wish. I will be allowed to terminate this agreement and sign a standard wage agreement without OT authorized no more than once every 12 months.
- I agree to regularly monitor and communicate with my consumer about my total hours worked with ALL PCA agencies, to ensure I do not go over the state law that says I cannot more than 275 hours per month as a PCA.**
- I understand that I cannot use Paid Time-Off (PTO) hours to total my authorized overtime hours.** PTO hours are not paid at the overtime rate under any circumstances, it is paid separately from my actual hours worked. *Example: I worked 38 hours on week 1 and I turned in a PTO request for 10 hours PTO. I will be paid my normal wage X 38 hrs and my normal wage X 10 hours. They are not combined to total 40 hours + 8 hours OT.*
- I have read, understood and will comply with current *ACP* Policies & Procedures published at abilitycare.com.

X

Consumer (or Responsible Party) Signature

Date

X

PCA Signature

Date

X

Provider (Ability Care Partners) Signature

Date