Midtown Home Health Care LLC

8259 Bustleton Ave

Philadelphia PA 19152

Pay Rate Acceptance

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept to start working for Midtown Home Health

Care LLC as a Home Health Aid / C N A starting \_\_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_\_\_ .

Pay Rate is an equal of \_\_\_\_\_\_\_\_\_\_ Per Hour .

I understand that the rate on my pay statement will be \_\_\_\_\_\_\_\_\_\_ for the 40 hours and \_\_\_\_\_\_\_\_\_\_

For the overtime .

On this \_\_\_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_/ 20\_\_\_\_\_\_\_\_\_ I sign and Accept my Pay .

Midtown Home Health Care Representative Employee

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRINT NAME