



Employee Name	Employer of Record Name	Participant (Veteran)	Participant
		Name	CDCN ID#

					02 0
Rates and services performe named above will be compe		• •			• •
Regular Wage of \$	/hour	Effective Date:		_ Hours per We	ek
Paid Leave Wage of \$	/hou	ŗ			
Overtime: Working overtim one continuous shift) is not	•				•
Live-in Exemption from Over services, they understand a time and a half pay for over Subtitle B, Chapter V, Subch	nd declare th time hours, o	ney are not subjec of the Fair Labor S	t to overtime re	quirements, inc	cluding receiving
Paid Leave: Paid leave is pair regular time worked.	d for time of	ff work, and at the	same pay rate t	he employee e	arns during
Start Date: Employee and e receive written notice from official "Okay to Work" letter	CDCN of an	-			•
As the employer, I understa any such potential unauthor	•	•		ked and anticip	ate and resolve
Employee Signature		 	nployer of Record	 d Signature	 Date

