



ABC HOME HEALTH CARE SERVICES
3675 CRESTWOOD PKWY #400 DULUTH, GA 30096
TEL: 770-817-7657
FAX: 770-234-5457

PAYMENT AGREEMENT

My name is _____, date of birth_____. I am currently employed at ABC Home Health Care Services, LLC. I have knowingly and willingly entered an arrangement to be paid at regular wage for all time worked even if weekly work time exceeds 40 hours. ABC Home Health Care Services, LLC does not pay overtime wages for overtime hours.

Employee Name (First Last): _____

Employee Signature: _____

Date of Acknowledgement: _____