



Individual Care Provider (Employee) Name	Participant/Consumer Name

Notice of
Live-In Exempt from Overtime

Title 29, Subtitle B, Chapter V, Subchapter A, Part 552
United States Department of Labor
Fair Labor Standard Act

EMPLOYEE

Per the above rules, the undersigned hereby declares:

Under penalties of perjury, I declare that I am a worker who provides domestic service for an individual who requires assistance for their care in or about his or her private home where I also reside. I reside in the home either permanently or for extended periods of time. I am familiar with the FLSA rules that define my status as a Live-In Domestic Care Worker.

As a result, I declare that I am not subject to the overtime requirements of the Fair Labor Standards Act for Live-In Domestic Care Workers. If the circumstances of my employment change causing me to be subject to overtime rules, I will notify Consumer Direct Care Network prior to the effective date of the change in my employment status.

Printed Name: _____

Signature: _____

Date: _____

Employee ID#: _____

Social Security #: _____

Employer of Record

As the Employer of Record of _____ I am familiar with the laws supporting this Notice. I agree with the employee's statement and signature above. I also agree that this is an accurate representation of the facts regarding services performed on my behalf.

Printed Name: _____

Signature: _____

Date: _____

