



CDCS Wage and Hour Respite Checklist Complete with each Respite Staff

Managing Party Name: _____

Staff Name: _____

1. Respite Staffing – Employee Status

Check the appropriate box:

- The above named staff person is a PICS employee.
- The above named staff person has been paid as an independent contractor and needs to complete new employee paperwork. Please send me a new employee packet.

2. Respite Staffing – 24 hour rates of pay

Check the appropriate box:

The staff person named above has a 24-hour respite rate equal to or greater than minimum wage. Staff is paid for sleep time. Our 24-hour wage is at least \$147.60 per day ($\$6.15/\text{hour} \times 24 \text{ hours} = \147.60). The wage stated on our employee agreement is: \$_____/day.

The staff person named above is paid a 24-hour respite rate that is equal to or greater than minimum wage. Staff is not paid for sleep time. *The staff person, by signing below is agreeing to exclude pay for eight hours of sleep time per 24-hour period.* Our 24-hour wage is at least \$98.40 per day ($\$6.15/\text{hour} \times 16 \text{ awake hours} = \98.40).

The wage stated on our employee agreement is: \$_____/day.

Both Managing Party and staff must read and initial:

I understand that if sleep time is interrupted to attend to client needs, even if there in an agreement to exclude 8 hours of sleep time, the employee must be paid for the time it takes to attend to those needs. Employee must have at minimum 5 continuous hours of uninterrupted sleep. If not met you will need to pay that employee for ALL hours of designated sleep time: ____ (Managing Initials) ____ (Staff Initial)

The staff person named above is paid less than allowed. A change to my budget and our employee agreement is needed. *Circle one:* Staff is / is not paid for sleep time. Our respite rate will be \$_____ per hour or \$_____ per day ($\$____ / \text{hr} \times \text{___ hrs} = \$_____$).

3. Acknowledgment/Signatures – I have received and understand “Wage and Hour Update, July 2005.” I understand the above calculations and agree to follow the minimum wage and overtime guidelines. If the staff person named above works regularly scheduled hours outside of respite, this was taken into consideration when I set my budget and wages. If staff are working other hours during the same pay period that they are working respite, I understand that overtime will be automatically calculated and applied. If the staff person is over 40 hours, a weighted average must be used to calculate overtime. If I do not plan for overtime, but approve staff time in excess of 40 hours, this will require a budget revision moving dollars from another area to cover the costs of the respite.

Managing Party Signature: _____ Date: _____

Staff Signature: _____ Date: _____