

Earned Paid Sick Time Benefit Effective July 1, 2017

Please read the attached Ability360 Home Care Services earned paid sick time policy.

Sign this acknowledgement page and return to Ability360 by July 31, 2017.

You may bring it to the office, mail it (Ability360 5025 E Washington St, Suite 200, Phoenix, AZ 85034) or fax it to (602) 296-0505

Thank you for your cooperation!

By signing below I acknowledge that I have read and understand the Earned Paid Sick Time Policy for Ability360 Home Care Services' Personal Care Attendants. I will abide by the policy to the best of my ability and I understand that should I have any questions I may consult my supervisor or the Human Resources Coordinator. I also understand that if I violate the policy it may be grounds for disciplinary action including possible termination.

Employee Name (Please Print Clearly)

Employee Signature

Date

Have you taken advantage of the Ability360 HCS Earned Paid Sick Time Training offered at the Ability360 office, or via the website?

Yes ____ No ____

MAIN OFFICE
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