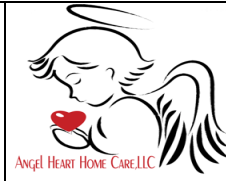


Angel Heart Home Care, LLC
825 N. Circle Suite 203, Colorado Springs, CO 80909



Employee Agreement & Acknowledgement
Timesheets and Pay

Dated: _____

Agency

Angel Heart Home Care, LLC
825 N. Circle, Suite 203
Colorado Springs, CO. 80909
719- 201-9474
contact@ahcare.org

I _____, have read Angel Heart Home Care, LLC's policies regarding timesheets and payroll on this date: _____. I acknowledge that as part of my job description upon hire, I must prove I've worked all my shifts as scheduled. The way that I prove the work has been completed is by using the Telephony clock-in/clock-out system; or Mobile GPS. I will be trained on how to properly use these systems to help me be successful. I understand that if I do not clock-in/clock-out with one of these systems there is no way Angel Heart Home Care LLC to verify my hours worked. **Without my electronic timesheets there is no documentation proving I worked my hours.** Therefore, I cannot be paid for hours that were not verifiable. This may delay my paycheck. I also notice that I will be trained on how to report errors in the electronic system; so that all my hours are recorded on the day I visit a client.

I also acknowledge that if I refuse to sign this form, it does NOT void the agencies ability to hold my check for late timesheets, and continued refusal and/or late timesheets may result in my termination.

X _____
Employee Signature

Date: _____

X _____
Agency Representative Signature

Date: _____