

[Model Agreement for Salary Basis Overtime Exemption]

**XYZ HHA**

This AGREEMENT, made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by and between XYZ Home Health Agency \_\_\_\_\_ (herein referred to as "HHA") and \_\_\_\_\_Name of Person\_\_\_\_\_, \_\_\_\_\_Title or description \_\_\_\_ (herein referred to as "EMPLOYEE") is as follows:

**1. Salary Basis**

HHA shall pay EMPLOYEE a salary, as defined by the Fair Labor Standards Act, in the amount of \$250.00 per week.

**2. Employee's Responsibility**

EMPLOYEE agrees to provide ten: (check the one that applies)  registered nurse,  psychiatric nurse,  physical therapy,  occupational therapy  speech language and pathology; or  medical social worker, visits for HHA per week in return for the salary stated above.

**3. Additional Visits**

HHA shall pay EMPLOYEE a fee for any visits provided, at HHA's request, that are in excess of ten visits as follows:

- Registered Nurse \$ \_\_\_\_\_ per visit
- Psychiatric Registered Nurse \$ \_\_\_\_\_ per visit
- Physical Therapist \$ \_\_\_\_\_ per visit
- Physical Therapy Assistant \$ \_\_\_\_\_ per visit
- Occupational Therapist \$ \_\_\_\_\_ per visit
- Speech Therapist \$ \_\_\_\_\_ per visit
- Medical Social Worker \$ \_\_\_\_\_ per visit

**4. Term**

This Agreement shall continue until terminated, upon ten days written notice, by either party. This is an employment contract at will and no cause for termination need be assigned.

SIGNED AND SEALED the date first written above.

<b>HHA AGENCY</b>	<b>EMPLOYEE</b>
By: _____	By: _____
Title: _____	Title: _____
_____	