



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 #: \_\_\_\_\_

**SUPERVISOR**

As the supervisor 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: \_\_\_\_\_

