



**Notice and Acknowledgement of Pay Rate and Payday
For Hourly Rate CA Domestic Service Employees**

Employer Information/Información del Empleador Name/Nombre: Address/Dirección: Telephone/Teléfono: Employer FEIN/Número de Identificación Federal: (optional) Workers' Compensation Insurance/Seguro de Compensación del Empleado Carrier/Compañía: Address/Dirección: Policy No./Número de Póliza	Employee's rate of pay/Tasa de pago del empleado: \$ _____ per hour/por hora Employee's overtime rate/Tasa de Pago de Horas Extras: \$ _____ per hour/por hora (Must be at least 1 ½ times the worker's regular rate of pay. Live in domestics receive the overtime rate for hours worked in excess of 9 hours in the work day. Live out domestics receive the overtime rate for hours worked in excess of 8 hours in the work day.)
Notice Given/Adviso emitido: ☐ At hiring/En la contratación ☐ Before change in pay rate(s), allowances claimed or payday/Antes de un cambio en tasa de pago, créditos tomados, o día de cobro	Regular Pay Day/Día de Pago Regular Sunday Monday Tuesday Wednesday Thursday Friday Saturday Pay is Weekly-Biweekly-SemiMontly/ El pago es Semanal-Cada otra semana – Quincenal

Employee Acknowledgement/Acuse de Recibo del Empleado:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. *En esta fecha, se me ha informado de mi tasa de pago, mi tasa de pago de horas extras (si elegible), créditos, y del día de cobro en inglés y en español.*

Print Employee Name/Escriba el nombre del empleado en letra de imprenta

Employee Signature/Firma del Empleado

Date/Fecha

Prepared by _____, Household Employer (*Preparador de este Documento*)
(Print Employer Name)

The employee must receive a signed copy of this form./El empleado debe recibir una copia firmada, de este documento. The employer must keep the original for 6 years. Clients may fax the completed form to 703.404.8155 for inclusion in your payroll tax file.