



SOLUTIONS INC.

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

Table with 2 columns: Employer Information/Información del Empleador and Employee's rate of pay/Tasa de pago del empleado. Includes fields for name, address, telephone, FEIN, workers' compensation insurance, and overtime rate.

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.