



**NEW BENEFIT!! EARNED PAID SICK TIME BENEFIT EFFECTIVE JULY 1,  
2017**

**PLEASE READ THE ATTACHED DIRECT CARE WORKER EARNED PAID  
SICK TIME POLICY. SIGN  
THIS ACKNOWLEDGEMENT PAGE AND RETURN TO HOME ASSIST  
HEALTH BY JULY 31, 2017.**

**YOU MAY BRING IT TO THE OFFICE, MAIL IT IN THE ENCLOSED SELF-  
ADDRESSED ENVELOPE TO:  
HOME ASSIST HEALTH 3737 N 7<sup>TH</sup> ST SUITE 203, PHOENIX, AZ 85014 OR  
FAX IT TO 602-795-7621.**

**THANK YOU!**

By signing below I acknowledge that I have read and understand Policy 52000: Earned Paid Sick Time for Direct Care Workers. I will abide by the policy to the best of my ability and I understand that should I have any questions I may consult my supervisor or Human Resources. I also understand that if I violate the policy it may be grounds for disciplinary action including possible termination.

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Employee  
Date

Have you taken advantage of the DCW Earned Paid Sick Time Training offered at the Home Assist Health office, or via our web site? Yes\_\_\_\_\_ No\_\_\_\_\_