

Pay Selection Options for Employees

Below are the options employees have for receiving their paychecks through Absolute Home Health. Please read the information about each option and select the one that is right for you. You may need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.

Paper Checks

With this option, your paycheck will be available at the office by 2 pm on payday. There is no charge from Absolute Home Health to receive your pay via personal pick up. You won't have to wait for the mail. You may change your account information at any time.

USPS Mail

If you do not select the pick-up option, Absolute Home Health will send your paycheck via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however, it is impossible to guarantee the date that paper checks will arrive. Absolute Home Health is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Absolute Home Health to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for option 1.

Please return the completed form (page 2 of 2) to Absolute Home Health. You can send by email, fax, or mail:

Email: orders.absolutehh@gmail.com

Fax: 1(858) 541-2011

Mail: 4740 Murphy Canyon Road, Suite 222, San Diego, CA 92123



| choose to receive my pay by (please | check | one | box | below |): |
|-------------------------------------|-------|-----|-----|-------|----|
| Check □ USPS Mail □ | | | | | |

| The state of the s | |
|--|---|
| USPS MAIL INFORMATION: | |
| 64 - C | |
| Please complete below with correct and accurate mailing information. | |
| Employee Name: | |
| Employee Address: | |
| Employee Address. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Employee Signature - | ; |
| Office Received Date | |