



AGREEMENT TO ONE HOUR MINIMUM PAY

I _____ (Christian name) _____ (Surname)

when employed by a Service User of QLA, Inc. who requires support provided myself for a period of only one hour or less on any one day I agree that the minimum payment for such time shall be one hour at the appropriate rate.

Signed _____

Support Worker

Date: _____

Signed: _____

Name and position of QLA Inc representative