

Forte Residential and Forte Home Health Care Benefit Package

Minimum Average Hours Worked Per Week

BENEFIT ITEM	0-19	20+	30+	35+	>40
Competitive Wage	YES	YES	YES	YES	YES
Mileage Reimbursement	YES	YES	YES	YES	YES
Holiday Pay \$ Wage X2	YES	YES	YES	YES	YES
Tablet To Use For Notes	YES	YES	YES	YES	YES
Advertising For Staff Paid	YES	YES	YES	YES	YES
CPR Training For Staff	YES	YES	YES	YES	YES
Profit Sharing Employee Owned		YES	YES	YES	YES
Health Insurance			YES	YES	YES
Paid Time Off (PTO)				YES	YES
Overtime Pay \$ Wage X 1.5					YES

Other Company _____ (to be completed by you)

Minimum Average Hours Worked Per Week

BENEFIT ITEM	0-19	20+	30+	35+	>40
Competitive Wage					
Mileage Reimbursement					
Holiday Pay \$ Wage X2					
Tablet To Use For Notes					
Advertising For Staff Paid					
CPR Training For Staff Paid					
Profit Sharing Employee Owned					
Health Insurance					
Paid Time Off (PTO)					
Overtime Pay \$ Wage X 1.5					