

**United Cerebral Palsy of Greater Dane County  
SLEEPING TIME AGREEMENT**

I agree to the following stipulations regarding sleeping time while working as a respite care provider through UCP:

- If I am scheduled to work 24 hours or more, I agree to exclude up to 8 hours of sleep time from those hours. In order to do this, I must have a minimum of 5 continuous hours of uninterrupted sleep, otherwise United Cerebral Palsy will pay for all hours of designated sleep time, which cannot exceed 8 hours.
- If my sleep time (outside of the 5 hours of uninterrupted sleep) is interrupted to attend to a client's/consumer's needs, the time attending to the need is paid time and should be included on your timesheet.
- If I am scheduled to work **less** than 24 hours and those hours include sleep time, all hours will be paid.

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date