

## **Work Agreement**

This work agreement is a sample only. Please consider your particular situation, as well as state and local employment law.

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Employee Information			Employer Information				
Today's Date		Employment Start Date	Emplo	oyer Name			
Name			Work	Site Address			
Social Security Number	er		City			State	Zip code
			Care 1	for		Date of	Birth
Work Hours							
☐ Friday	From		Until		Da	ily Hours	
☐ Saturday	From		Until		Da	ily Hours	
☐ Sunday	From		Until		Da	ily Hours	
☐ Monday	From		Until		Da	ily Hours	
☐ Tuesday	From		Until		Da	ily Hours	
☐ Wednesday	From		Until		Da	ily Hours	
☐ Thursday	From		Until		Da	ily Hours	
				T-1-10	الداء ۱۵	ا	
				iotai v	veeki	y Hours	





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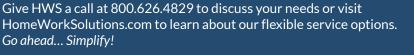
#### Compensation

Gross Hourly Rate	Employee To Be Paid					
\$	☐ Weekly ☐ Bi-Weekly	You will agree to maintain accurate, contemporaneous time cards. Performance reviews, with the possibility of salary increases, will be performed annually on or about the employment anniversary date.				
Overtime Gross Hourly Rate	Other	. ,				
\$	Day Of Week Paid	<ul> <li>Fair Labor Standards Act Compliance: Household employees are hourly employees entitled to pay for every hour they work at a rate that may not be less than the federal, state and, if applicable, local minimum wage rate. Additionally, overtime</li> </ul>				
Guaranteed Weekly Gross 🔲 Friday		(time-and-a-half) must be paid for each hour over 40 in a 7-day workweek. Generally, live-in employees are exempt from overtime requirements, however, certain states such				
\$	☐ Other	as CA, CO, HI, MA, MD, MN and NY have special overtime requirements for live-in employees.				
Holidays		Paid Time Off <sup>3</sup>				
Days Per Calendar Year <sup>1</sup>	☐ Paid <sup>2</sup> ☐ Unpaid	□ Does Not Apply				
☐ New Year's Day	☐ Martin Luther King Jr.'s Birthday	Employee will accrue hours of PTO per year.				
☐ President's Day	☐ Memorial Day	<ul> <li>PTO will accrue pro-rated on a per pay period basis.</li> <li>PTO ACCRUAL begins at the start of employment. PTO may be used after 90 days of employment.</li> </ul>				
☐ July 4th	☐ Labor Day	<ul> <li>SCHEDULING: Vacations are to be mutually agreed upon by the employer and nanny.</li> <li>Notice of one week is requested for any appointments, etc. which may cause you to be or leave work early.</li> </ul>				
☐ Columbus Day	☐ Veteran's Day	<ul> <li>ANNUAL CARRY OVER: Carryover of unused PTO is limited to hours: Example: An employee with 55 hours of PTO on December 31st would only carry over 4 hours of PTO.</li> <li>TERMINATION AND PTO PAY: Persons employed less than 180 days forfeit PTO a time of separation. Persons employed 180 days or more will be paid accrued PTO t maximum of hours.</li> </ul>				
☐ Thanksgiving Day	☐ Christmas Day					

 $\label{paid} \mbox{Paid Time Off (PTO) may be used for vacation, sick, or personal time.}$ 

Families are not required by Federal law to provide paid time off. Different localities and states, however, do impose PTO requirements.

We invite you to phone HomeWork Solutions at 800.626.4829 for more detailed information.





<sup>1.</sup> You are likely to receive a number of "extra" holidays throughout the year - days where we choose to take the day(s) off and go away with the children; however, these extra days vary from year to year.

<sup>2.</sup> Part time employees, only if holiday falls on a regularly scheduled workday.

<sup>3.</sup> Paid time off is any time not worked by an employee for whom the regular rate, a fixed or a prorated amount of pay, was accrued and later paid to the employee. We grant paid time off to give you down time and a chance to schedule and deal with non-work related issues.



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Non-Taxable Benefits			Taxes & Deductions <sup>4</sup>				
☐ Does Not Apply			We Will Pay				
The following "non-taxable" compensation (up to the limits noted below) will be provided to the employee.			<ul> <li>One half of the required Social Security and Medicare taxes (Employer Contribution),</li> </ul>				
Check all that apply.			☐ All of the	e required state/local insurance,			
☐ Health Insurance See QSEHRA/ICHRA attached	\$_	per month	☐ All of the	e required unemployment tax.			
☐ Mobile Phone Service	\$	per month	Additionally,	We Will Pay			
Public Transportation*	\$	per month	☐ The enting policy,	re cost of insuring you under our automobile insurance			
☐ College Tuition*	\$	per month	One-halt	f of the cost of health insurance coverage up to a m of \$ per month,			
☐ Parking*	\$	per month	☐ Other				
*Annual Limits Apply							
*Annual Limits Apply  Expense Reimbursemer	nt		Training				
	nt		Training  Does No	ot Apply			
Expense Reimbursemer	nployme ge Rein er the co	nbursement Rate (annual rate ost of fuel, depreciation, and k-related travel log that documents	Does No You will provide required training We will cover to	ot Apply e us with evidence that you have satisfactorily completed ng (ex. First Aid class and CPR) on or before he cost of this class; however, it shall be your responsibility to ments for the class during your off-duty hours.			
Expense Reimbursemer  Mileage  Any miles driven in the course of em reimbursed at the current IRS Milea applies), which is established to cove maintenance. Employee will maintai	nployme ge Rein er the co in a wor ge, tolls d and si	nbursement Rate (annual rate ost of fuel, depreciation, and k-related travel log that documents if appropriate, and business ubmitted to the employer for	Does No You will provide required training We will cover to	e us with evidence that you have satisfactorily completed ng (ex. First Aid class and CPR) on or before he cost of this class; however, it shall be your responsibility to ments for the class during your off-duty hours.			
Expense Reimbursemer  Mileage  Any miles driven in the course of em reimbursed at the current IRS Milea applies), which is established to cove maintenance. Employee will maintai date, start and stop locations, mileag purpose. This log must be maintaine	nployme ge Rein er the co in a wor ge, tolls d and si	nbursement Rate (annual rate ost of fuel, depreciation, and k-related travel log that documents if appropriate, and business ubmitted to the employer for	Does Not You will provide required training We will cover the make arrange-remarks.	e us with evidence that you have satisfactorily completed ng (ex. First Aid class and CPR) on or before he cost of this class; however, it shall be your responsibility to ments for the class during your off-duty hours.			
Expense Reimbursemer  Mileage  Any miles driven in the course of em reimbursed at the current IRS Milea applies), which is established to cove maintenance. Employee will maintai date, start and stop locations, mileag purpose. This log must be maintaine reimbursement at the end of each particular description.	aployme ge Rein ger the co in a wor ge, tolls d and si ay perio previou	nbursement Rate (annual rate ost of fuel, depreciation, and k-related travel log that documents if appropriate, and business ubmitted to the employer for id.	Does Not You will provide required training. We will cover the make arranger.  Emergence  You will be provided to the provided training trai	e us with evidence that you have satisfactorily completed ng (ex. First Aid class and CPR) on or before he cost of this class; however, it shall be your responsibility to ments for the class during your off-duty hours.			
Expense Reimbursemer  Mileage  Any miles driven in the course of em reimbursed at the current IRS Milea applies), which is established to cove maintenance. Employee will maintaidate, start and stop locations, mileag purpose. This log must be maintaine reimbursement at the end of each particular incidentals  Employee must keep receipts for all	aployme ge Rein ger the co in a wor ge, tolls d and si ay perio previou	nbursement Rate (annual rate ost of fuel, depreciation, and k-related travel log that documents if appropriate, and business ubmitted to the employer for id.	Does Not You will provide required training. We will cover the make arranger.  Emergence  You will be provided to the provided training trai	e us with evidence that you have satisfactorily completed ng (ex. First Aid class and CPR) on or before he cost of this class; however, it shall be your responsibility to ments for the class during your off-duty hours.  iles  vided an Emergency Contact list on or before your start date. y basis, our preference is that the below person be the point of			

<sup>4.</sup> Your portion of the required Social Security and Medicare taxes (7.65% of gross wages) and, if you request and provide a completed Form W-4, your income taxes will be deducted from your pay check. You will be provided a Form W-2 Wage and Tax statement at year end.





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#### **Use of Automobile**

Automobile Does Not Apply
Automobile Provided By Family

You will have the use of one of our cars when needed during the work day for the use of transportation as required, miscellaneous errands and local travel, as agreed upon in advance by us. Care recipient(s) are to be properly restrained in the car (child restraints and/or seat belts) as directed by the employer at all times. Automobile maintenance will be at employer's expense; however you are responsible to keep employer apprised of need for periodic maintenance (i.e. when oil change due, any mechanical problems noted). You are responsible to keep the car in a physically clean condition.

During your time off, you will be permitted moderate use of a car, limited to local travel and with our advance permission. You will be expected to reimburse employer for reasonable gasoline consumed during your personal excursions. We will cover you under our automobile insurance policy; however, any damages resulting from your use of the cars, which is not covered under our policy (i.e., the deductible), is your responsibility.

#### **Communications**

We will meet on a weekly basis for the first month, to discuss any issues/concerns, which any of us may have, and thereafter on a monthly basis or as needed.

You are responsible for maintaining a log on a daily basis. The log will record information of importance to the care recipient(s') welfare, as well as provide the employer with narrative information about the day and its activities. Details of medications dispensed, meals, and other duties will be included.

### **Confidentiality**

During the course of your employment, you may legitimately see, hear or otherwise become privy to information about our family. It is understood and agreed that all information relating to the family, including but not limited to financial, household or career, medical or private relationships is confidential information which may not be disclosed to anyone without the written consent of the undersigned parents.

**Social Media:** Employee acknowledges that the identity of the employer and all family members, the location of employment and the particulars about schedules and planned outings are to remain completely confidential and not to be disclosed on any social media venues. Employee agrees not to post photos of the children and to post only with location services disabled.

It is also understood that a failure to abide by this agreement may, at the parent's discretion, result in immediate termination. The obligations of the employee under this clause survive termination of this agreement.

### Live In Household Workers

Does Not Apply

WE SUGGEST THAT A CLAUSE SIMILAR TO THE TEXT BELOW BE INCLUDED IN YOUR WORK AGREEMENT. YOU MAY WISH TO CONSULT WITH AN ATTORNEY TO LEARN ABOUT TENANCY LAWS IN YOUR STATE OR MUNICIPALITY AND ADJUST LANGUAGE ACCORDINGLY.

## **Living Arrangements**

You will be provided with your own bedroom, have reasonable access to laundry and cooking facilities, and:

	Will share	a bath with	other famil	y members.
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☐ Have a private bath.

Bedroom furnishings consist of

This room will be off limits to the family unless required for household maintenance and/or repair purposes (carpet cleaning for example). You agree that your room may be accessed by such persons. You will be notified ahead of time if your room will be accessed/needed so that you may make arrangements (at your option) to have personal items and valuables placed out of view during your absence. Bed and bath linens are provided, however, you are responsible for their upkeep as well as your personal laundry.

You will be expected to maintain and clean your bedroom and your bath. Snack food may be eaten in your bedroom; however, all remaining plates, glasses, empty boxes or bags etc. must be removed immediately to the kitchen for disposal.

You are welcome and encouraged to entertain friends in our home during non-working hours as long as they respect the property and do not disrupt the household. Permission is required for overnight guests.

We want you to feel comfortable in our home. Every effort will be made to provide food and beverages that meet your dietary needs.

Your living accommodations are provided for our convenience, rent-free, and are predicated on your continued employment. You understand and agree that your tenancy rights terminate when employment terminates.

Give HWS a call at 800.626.4829 to discuss your needs or visit HomeWorkSolutions.com to learn about our flexible service options. *Go ahead... Simplify!* 





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#### **Job Responsibilities**

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It is our responsibility to provide you with adequate information, guidance and instruction to enable you to complete any task that is requested as part of this agreement. It is your responsibility to ask for assistance or guidelines in the performance of any activity that may be new to you, or in any situation for which you desire additional information.	It is of the utmost importance to us that the care recipient feel that they are in a secure and caring environment. Tasks related to their safety and well being take precedence over all others.
Care Details (to specifically include the following)	Housekeeping and other responsibilities to include
Termination of Employment  Employee is an "at will" employee and may choose to work for the family for as little or as long as they desire. Likewise, the employer may continue the employment for as little or as long as they wish. We wish to provide the employee with a secure employment situation, to provide our care recipient with a stable care-giving environment, and to facilitate the orderly transition between employment. Therefore, both parties agree to provide weeks notice of intent to terminate this agreement (or pay in lieu of such notice), except when such termination is for cause.  Cause is defined as any action on the part of the employee that endangers the care recipient in their care, non-performance of job responsibilities, theft or dishonesty, smoking or alcohol use on duty or any use of illegal drugs, persistent tardiness or absenteeism, or violation of the confidentiality clause.	Severance: Employer does not have any policy for payment of severance pay on termination. However, we reserve the right to offer such pay to particular employees, at our sole discretion. Any payment of severance pay will be conditional upon execution of a full release of any claims against employer arising out of employment and/or termination, except for rights such as unemployment compensation that cannot be released in an employer/employee agreement.  Employer Property: At time of termination, and prior to receipt of final paycheck, nanny agrees to return to employer all employer property, including but not limited to house and car keys, remote entry devices, and car safety seats.
THE ABOVE AGREEMENT HAS BEEN AGREED TO THIS	DAY OF ,20
Employer	Employee