



____(Employer) / ____ (Employee) **Work Agreement**

(This agreement is subject to change upon mutual consent and signature of both parties.)

THIS AGREEMENT is made this ____ day of ____ 20____ between ____ "Employer" and ____ "Employee"

THIS AGREEMENT is effective from ____ to ____ (Date contract will be reviewed)

Employee is to provide child-care or household support for (*children's names*): _____, _____, _____, _____, _____

Employee will be working at following address: _____

I. Work Schedule:

Monday ____to____ Tuesday ____to____
Wednesday ____to____ Thursday ____to____
Friday ____to____

VARIATIONS: _____

Saturday/Sunday _____

Trial Period:

The first ____ days will be considered a Trial Period, during which time the fit will be evaluated for both parties. At any point during the Trial period either party can terminate the agreement. Employer will be responsible for payment to Employee for any days worked during the Trail Period, but not required to pay beyond actual days worked during this time.

II. Job Responsibilities and Expectations

Employee will be responsible for the safety, care, and well-being of (the "Child" or "Children"). This includes, but is not limited to, maintaining and promoting the physical, emotional, intellectual and social development of the Child.

Employee is expected to:

- Be responsible, reliable, and punctual at the start of the day (and notify both parents by phone as soon as possible if they will be late for any reason);
- Maintain regular communication with Employer regarding the Child;
- Comply with Employer's preferences regarding child-rearing and discipline;
- Maintain a state of adequate physical and mental health in order to ensure the safety and well-being of the Child and the continued ability to perform the below job responsibilities.
- Maintaining the Child's safety at all times;

Employee's specific job responsibilities include:

- _____
- _____
- _____

Child Safety: Employee must conduct the work in a manner to create a secure and loving environment. Tasks related to the safety and well-being of the Child take precedence over all other tasks.

Transportation: Employee may transport the Child in Employee's vehicle for doctor's appointments and other activities. Employer should be notified of any outings with the Child in advance. Employee is expected to conduct routine maintenance of the vehicle. While the Child is being transported, the Employee shall be the sole driver of the vehicle, barring emergent situations, and no other passengers are to be allowed in the vehicle, except with Employer's permission. While being transported in the vehicle, the Child must be restrained in the car seat provided by Employer at all times. The Employer will provide the appropriate car seat base for installation in Employee's vehicle. The Child shall not be left in the vehicle alone for any period of time. Employer will not be held liable for any automobile claim, tort or repair related to Employee's vehicle, regardless of duty status. Employee is required to maintain (i) a valid driver's license, (ii) valid registration for the vehicle, (iii) routine maintenance of the vehicle, and (iv) valid automobile insurance satisfactory to Employer. Employee must notify Employer of any changes to these items. If the insurance policy must be upgraded in order to be satisfactory to Employer, Employer will pay the balance of the cost.

Household Rules:

- _____
- _____
- _____

Health/Emergencies: On a day-to-day basis, the Family's preference is to be first contacted for general questions such as medicine given (for example, if Child is running a fever). Under no circumstances should the Child ever be released from the Employee's care to anyone but the Family or others listed as an Emergency Contact, unless the Family directs otherwise in writing.

Emergency Contacts:

- _____
- _____
- _____ Child's Doctor
- _____ Child's Health Insurance Information

III. Compensation:

Employee shall be paid by _____ on the _____(date/dates) of every month.

FULL-TIME:

Employee shall receive an hourly of \$_____ for the first_____hours per work-week and an hourly of \$_____for the next_____hours per work-week to equal a gross compensation of \$_____ weekly. (\$_____ annually)

PART-TIME:

Employee shall receive an hourly of \$_____per work week. Guaranteed hours: _____

ADDITIONAL CARE: *Will be compensated as follows:*

Per hour: \$ _____ Overnight: \$ _____ Weekend: \$ _____

Additional Child: \$ _____ per child, per hour/day

Out of town travel with the family: \$ _____ per day

Taxes:

Please check where appropriate:

Family will utilize ____ service for payroll

Family will withhold Social Security, Medicare and Federal/State Unemployment Insurance, and Federal Income taxes

Reviews:

Please check where appropriate:

Family will review employee's performance and discuss job duties at:

90 Days 6 months 1 year

*Compensation or benefits adjustments will be discussed at the ____ month/year review. Raises are not guaranteed.

Benefits:

1.) Insurance:

Please check where appropriate:

Health insurance provided by family Yes No How/Type:

Automobile insurance coverage supplied by family. % paid ____ Employee's car Family's car

In case of an accident, the deductible will be paid by:

Employee % ____ Family % ____ Both

Amount of the deductible \$ ____

Homeowner's/Renter's insurance is in effect

(the family will review the policy to see that it covers bodily injury and property)

Comments: ____

Worker's Compensation policy? (not required in Washington State for less than 2 employees) Yes No

Comments: ____

2.) Vehicle:

Please check where appropriate (Each party to verify insurance coverage is adequate)

Employee provides. Mileage compensated for work related use at the rate of \$ ____cents per mile.

Employee provides. \$ ____ (paid monthly by family toward insurance and upkeep)

Family provides for work-related use only.

Family provides for personal use with employer's permission.

Comments: ____

3.) Meals: (if applicable)

Family will provide all necessary food to prepare nutritious meals, snacks and beverages for Employee and children during normal working hours. Comments: ____

4.) Paid Time Off:

a.) Vacation: Family agrees to provide the employee ____ week(s) of paid vacation.

Paid vacation may be taken after ____ months of employment

Other/Comments: ____

When the **Family** travels or has personal days and does not need employee to work, the employee will be guaranteed regular hours/compensation

Comments: ____

b.) Sick Days: (See Washington State Sick Leave law)

How many: ____

c.) Personal Days: Paid Not Paid

How many: ____ Conditions: ____

d.) Paid Holidays:

Please check where appropriate (only paid when they fall on a regular work day)

New Year's Eve	<input type="checkbox"/>	Thanksgiving Day	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	Day after Thanksgiving	<input type="checkbox"/>
Memorial Day	<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Labor Day	<input type="checkbox"/>		

5). Other Benefits (if applicable) ____

IV. Inclement Weather

In the Employee is unable to report to work due to inclement weather, the Family and Employee agree to adhere to the ____ School closure or delayed start determinations. a. If ____ Schools announce a closure, the Employee will be paid guaranteed hours (GH) unless the Employee feels it is safe to travel despite the closure. b. If ____ Schools announce a late start due to inclement weather, the Employee will begin working hours at that time with no pay loss. c. If ____ is not closed but the Employee feels it is unsafe for travel, Employee will use PTO or take the day or time off unpaid. d. If Family requests the Employee stay home for their own safety, the Employee will receive GH. e) If the weather begins to become unsafe while the Employee is working in the Family's home, they may request to leave early (within reason) to get home safely with no default in pay.

V. Confidentiality and Social Media Policy

Employee understands that any and all private information obtained about the employers or their dependents during the course of employment, including but not limited to medical, financial, legal, and career, are strictly confidential and may not be disclosed any third party for any reason. This includes the sharing of photos, locations, or information via a social media account.

VI. Visitors

All visitors to the house or play dates in the community will be pre-approved by the Employer.

Comments/specifics: ____

VII. Termination/Renewal

Either party may terminate the agreement upon ____ days' notice (*Washington is an at-will work state*)

If the family must terminate employment unexpectedly, the employee will be given two weeks' notice, or two weeks' severance pay (unless termination is for "cause" *Defined: ____*)

At the time of termination, if the employee has any expenses owed to the family those amounts may be deducted from the employee's pay.

Renewal of the contract will specify any changes in compensation or changes in the job description/schedule

If this contract is cancelled before the employee's start date, without reasonable cause by the employer, the employer will pay two weeks' severance.

There are ____ additional pages attached that are a part of this agreement.

CORONAVIRUS AND INFECTIOUS DISEASE PROTOCOL is included following this agreement.

We have read, discussed and agreed to the aforementioned terms and conditions.

Employee's Signature

Date

Employer Parent/Guardian's Signature

Date

(ANI should receive a copy of this agreement)

CORONAVIRUS (COVID-19) AND INFECTIOUS DISEASE ADDENDUM

We believe in the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses and infectious diseases, such as the novel coronavirus that leads to COVID-19. We expect our household, including Provider, to adhere to the following infectious disease protocol and preventative actions.

SYMPTOMS: Notify the Family immediately if you or anyone in your household experience symptoms of COVID-19 (i.e., fever, cough, shortness of breath, chills, fatigue, loss of taste or smell, etc.) and stay home. Cover all coughs and sneezes with a tissue.

CONTACT WITH SICK PERSONS: Avoid contact with people who are sick. Notify the Family immediately in close contact with a sick person is unavoidable, needed, or occurs by accident. Communicate with the family about levels of risk and permitted activity.

STAY AT HOME ORDERS: Follow state mandated stay-at-home orders. Stay home when you are sick, except to get medical care. If outside for physical activity stay at least six feet away from others, avoid travel, and avoid crowds. In the event that stay-at-home orders are lifted, communicate with the family about levels of risk and permitted activity.

MASK WEARING: Follow guidelines of the Center for Disease Control. Wear a face covering when in public settings where one cannot maintain six feet of distance from others.

HAND WASHING: Wash hands upon entering the Family household. Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

SURFACES: Clean frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

FFCRA: The Family understands the Families First Coronavirus Response Act provides paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Act includes two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a healthcare provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a healthcare provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

VACCINATION: When recommended by the Family, Provider shall obtain current vaccination and boosters for COVID-19 in accordance with CDC guidelines. Vaccination status and recommendations for vaccination (of both Family and Provider) will be discussed before employment with the Family begins.