

Annie's Nannies, Inc. (ANI)

____(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 household support for the residence(s) at the following address(es): _____

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 Trial Period, but not required to pay beyond actual days worked during this time.

II. Job Responsibilities and Expectations

Employee will be responsible for the support and management of the residence(s) listed above.

Employee's specific job responsibilities include:

- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____

Current Vendor Contacts:

- ____
- ____
- ____

Emergency Contacts:

- ____
- ____

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 HOURS: *Will be compensated as follows:*

Per hour: \$ ____ Overnight: \$ ____ Weekend: \$ ____

Out of town travel with Employers: \$ ____ per day

Compensation for Employee travel between Residences (if applicable) will be calculated at: \$ ____ per day

Taxes:

Please check where appropriate:

Employer will utilize ____ service for payroll

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

Reviews:

Please check where appropriate:

Employer 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 Employer Yes No How/Type:

Automobile insurance coverage supplied by Employer. % paid ____

Employee's car Employer's car

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

Employee % ____ Employer % ____ Both

Amount of the deductible \$____

Homeowner's/Renter's insurance is in effect

(Employer 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 Employer toward insurance and upkeep)
- Employer provides for work-related use only.
- Employer provides for personal use with employer's permission.

Comments: ____

4.) Paid Time Off:

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

- Paid vacation may be taken after ____ months of employment

Other/Comments: ____

When the **Employer** 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

The Employee's ability to get to work may be affected by inclement weather events. On days where it is anticipated that the Employee may have difficulty getting to or from work safely, Employer and Employee will work together to determine the best plan for those days OR adhere to the following agreement ____.

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 residence(s) 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 Employer 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 Employer 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's Signature

Date

(ANI should receive a copy of this agreement)

CORONAVIRUS (COVID-19) AND INFECTIOUS DISEASE PROTOCOL

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 Employee, to adhere to the following infectious disease protocol and preventative actions.

SYMPTOMS: Notify the Employer 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 Employer immediately in close contact with a sick person is unavoidable, needed, or occurs by accident. Communicate with the Employer 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 ten feet away from others, avoid travel, and avoid crowds. In the event that stay at home orders are lifted, communicate with the Employer 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. This might include trips to the grocery store, pharmacy, hardware store, health clinic or similar places.

HAND WASHING: Wash hands upon entering the Employer 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. Always wash hands with soap and water if your hands are visibly dirty.

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

FFCRA: The Employer understands the Families First Coronavirus Response Act provides paid sick leave or expanded Employer 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.

For current information about King County's reopening guidelines, visit
<https://kingcounty.gov/depts/health/covid-19/safe-start.aspx>