

Employment Agreement

PROVIDER:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone #: _____

DL #: _____

CONSUMER:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

The above parties agree as follows:

The Provider will maintain a regular weekly schedule as follows, with possible adjustments as needed and indicated with advanced notice.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Provider Guidelines

Time Off/Vacation Days: Please inform me in writing at least _____ weeks in advance when you are planning to take time off.

Sick Days: If you can't come in due to illness, please call me ASAP.

Being Punctual/Tardiness: Please be to work on time! If you are running late, please contact me.

Phone Use: Using the phone, texting, emailing, etc. should be limited to breaks and emergencies.

Meals: Meals will not be provided.

Transportation: Consumer's / Provider's **(circle one)** vehicle will be used for transportation to appointments, shopping, errands, etc.

Smoking: Smoking is not / is **(circle one)** allowed at my residence.

Fragrances: Wearing fragrance at work is not / is **(circle one)** allowed.

The Provider will complete the following tasks: (Fill-in circles)

- Accompaniment to Medical Resources
- Other Shopping & Errands
- Domestic Services (basic housecleaning duties)
- Heavy Cleaning (authorized by IHSS social worker)
- Routine Laundry
- Meal Clean Up (dishes, wiping down counters, etc.)
- Preparation of Meals (food prep, cooking, etc.)
- Feeding (cutting up food, prompting to eat, assisting with eating)
- Ambulation (assisting with walking, sitting, in/out cars etc.)
- Care & Assistance with Prosthesis (cane, walkers, wheelchairs, back brace, etc.)
- Moving In/Out of Bed
- Routine Bed Baths
- Bathing/Showering
- Oral Hygiene - Grooming
- Bowel & Bladder Care: Full Care
- Bowel & Bladder Care: Minimal Assistance
- Menstrual Care (changing pads, etc.)
- Dressing
- Rubbing Skin - Repositioning - Etc.
- Paramedical Services (assisting w/ ace bandages, Band-Aids, medical stockings, etc.)
- Consumer uses Oxygen
- Respiration (assisting w/ breathing treatments etc.)
- Protective Supervision (supervising an adult or child who can't be left unattended)

The following payment schedule has been agreed upon:

- IHSS: \$8.56 per hour
- Private pay: \$_____ per hour on a daily/weekly/
bi-weekly/monthly basis
- Other: _____

It is the responsibility of the Provider to submit the timecard at the end of each pay period.

Each party understands and agrees that the exact number of Provider hours may vary from week to week depending on the Consumer's needs and that advanced notice of _____ days must be given if either party desires to modify this contract.

If it becomes necessary for you to leave this job, please give me at least 2 weeks notice.

The Consumer reserves the right to terminate the Provider at any time.

If the Provider is unable or unwilling to fulfill the job duties or meet the above terms, s/he will be terminated.

Providers must maintain all information pertaining to the Consumer as confidential. IHSS Providers are bound by the Confidentiality of Medical Information Act of 1981 (Sec 58 et. seq. California Civil Code, and Sec. 10850 of the Welfare and Institutions Code). This law prohibits you from disclosing the name, medical conditions or any other personal information about a Consumer by whom you are employed to anyone other than IHSS or Public Authority staff, if necessary.

We have read and agreed to the terms of the Employment Agreement.

Provider Date: _____

Consumer Date: _____

Date Hired: _____ Date Terminated: _____

Reason for Termination: _____