



A Work/Life Balance Company  
At Home Staffing

## EMPLOYEE/EMPLOYER AGREEMENT

The employer and employee must complete this agreement, sign it and forward a copy to us. We will keep it in your file. This should be reviewed carefully. It provides a good basis for a mutual understanding of the position and the expectations of the job. If you have any questions or need any help, please call us at 610-645-6550. We would be happy to help you in any way.

Employer Name \_\_\_\_\_ Employee Name \_\_\_\_\_

Names of children	Birth Date	Others in House Employee Not Responsible for:	Birth Date/ Relationship

**Both parties agree:**

- To a commitment from \_\_\_\_\_ to \_\_\_\_\_
- To give \_\_\_\_\_ weeks notice before job termination
- To revisit renewing this commitment \_\_\_\_\_ weeks before the term has ended
- If employee fails to give agreed notice, employer will hold \_\_\_\_\_ week(s) salary. \_\_\_\_\_ (check)
- If employer fails to give agreed notice, employer gives \_\_\_\_\_ week(s) salary: \_\_\_\_\_ (check)

**Schedule**

Full time employees work 5 days on with two consecutive days off per week. Part time employees work a minimum of 4 hours per day.--Fill in times:

Day	Start	to	Finish
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

Describe any variations, exceptions or flexibilities needed. It is important to be specific.

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**Compensation Package**

**Check if yes or indicate number where appropriate. (Specifics are discussed below)**

Weekly gross salary (before taxes)		Day of week to be paid	
Overtime pay per hour		Number of paid vacation days	
Number of sick days paid or unpaid		Number of unpaid vacation days	
Health benefits/Start Date: _____		Number of paid holidays	
Car availability off duty (Live-in)		Number of unpaid holidays	

**Vacation:** Vacation is usually taken while employer is taking their vacation. How will vacation time be determined?

Approximate vacation dates : \_\_\_\_\_ How is it handled if employer takes more vacation time than employee receives? (For full time, salary is 52 weeks per year, for part time permanent it is advised)

If employee travels with employer, how will hours and duties change? \_\_\_\_\_

**Holidays:** Paid holidays are: \_\_\_\_\_

(Usually New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas)

Unpaid holidays are: \_\_\_\_\_

**Extra Time/Duties Worked:** Extra time worked beyond the hours shall be paid in addition to regular salary at a rate of \$\_\_\_\_\_ per hour. Heavy housework will be paid at an additional rate of \$\_\_\_\_\_ per hour.

**Telephone Usage:**

Will there be a cell phone for the employee to use on the job? \_\_\_\_\_

Who pays the bill for the cell phone? \_\_\_\_\_

Will text messaging be included? \_\_\_\_\_

Employee is not to use cell phone for call or texting while working except during agreed upon breaks. \_\_\_\_\_

**Meals/Supplies**

Is the employee expected to bring/buy her own meals or does the employer provide for this? \_\_\_\_\_

Is the employee expected to bring her own supplies or does the employer provide for this? \_\_\_\_\_

If employee brings her own supplies, how will she be reimbursed? \_\_\_\_\_

**Car Usage**

Employee will transport children in car supplied by employer \_\_\_\_\_ or employee \_\_\_\_\_.(check)

Information on car supplied by employee for job related duties:

Make of car	License Tag Number
Model of car	Year
State of Registration	Insurance Company
Coverage for all passengers	Compensated for car use _____ ¢ per mile

Information on car supplied by employer for employee's use

Make of car	License Tag Number
Model of car	Year
State of Registration	Insurance Company
Coverage for all passengers	Any Limitations?

If employee has an accident during job related usage, who pays the deductible on the insurance? \_\_\_\_\_

Amount of deductible \$ \_\_\_\_\_

If employee has accident with employer's car during leisure time, who pays the deductible? \_\_\_\_\_

Amount of deductible \$ \_\_\_\_\_

If employee uses employer's car for personal use, she will reimburse employer at \_\_\_\_\_ ¢ per mile.

Employee has been instructed on proper use of the car seat(s). \_\_\_\_\_ (check)

**Duties and Responsibilities: (please check all that apply)**

Duties	Nanny	Family Assist	Hskpr	Cook	Duties	Nanny	Family Assist	Hskpr	Cook
Full child care	<input type="radio"/>				Laundry for family	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	
Schedule children's activities	<input type="radio"/>				Pre-prep dinner items	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Children's meals	<input type="radio"/>			<input type="radio"/>	Cook full meals for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Help with homework	<input type="radio"/>				Set table for dinner	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Only supervise children		<input type="radio"/>	<input type="checkbox"/>		Organize kitchen	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive children	<input type="radio"/>	<input type="radio"/>			Clean entire home		<input type="checkbox"/>	<input type="radio"/>	
Tidy children's areas only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Iron bed and table linens		<input type="checkbox"/>	<input type="checkbox"/>	
Go on family outings	<input type="radio"/>	<input type="checkbox"/>			Iron clothes		<input type="checkbox"/>	<input type="checkbox"/>	
Plan menu for children	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Iron men's shirts		<input type="checkbox"/>	<input type="checkbox"/>	
Cook full meals children only	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Cook kosher meals	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/>
Clean up dinner for children	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Cook for restricted diet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/>
Laundry children only	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>		Plan formal meals				<input type="radio"/>
Iron children's clothes	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>		Plan special functions				<input type="radio"/>
Care of pets	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>		Cook for special events				<input type="radio"/>
Run/empty dishwasher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cook light menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Tidy "common" areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Serve dinner to family		<input type="checkbox"/>		<input type="radio"/>
Overnight care	<input type="checkbox"/>	<input type="checkbox"/>			Serve special functions		<input type="checkbox"/>		<input type="radio"/>
Travel with family**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>				
Shop for gifts	<input type="checkbox"/>	<input type="radio"/>							
Run errands	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>						
Grocery shop	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>					

Do you have a housekeeper to do heavy cleaning? \_\_\_\_\_ How often? \_\_\_\_\_

**Child Care**

How are limits set and in what instances.	
Special needs. Please be specific.	
Allergies.	
Children's sleep habits.	
Children's eating habits.	
Children's emotional habits.	
How to handle tantrums.	
Specific instructions on planning activities.	
Music, TV, computer, DVD rules for children.	
How to handle crying.	

## Emergencies and Health Information

Where are emergency numbers kept?	Should employee take child's temperature?
Emergency escape plan	Method used:
Hospital preference	Medication children take
Preferred transportation to hospital	Medication employee takes
Number to call parents re: any illness or injury:	Written authorization to give medication:
Location of first aid supplies	Where is the insurance information kept?

## Meetings and Discussions

### Topics:

### When

Children's activities	
Children's growth and development	
Employee's job performance	
Employer/Employee relationship	
Job structure	
Salary review	
Contract review (usually 30 days and 90 to 180 days later)	

## Household Rules and Miscellaneous

Agreement concerning visitors for the employee in the employer's home \_\_\_\_\_

Airfare arrangements (where applicable) \_\_\_\_\_

House phone greeting: \_\_\_\_\_

Do you want the employee to address you by your first name or last name? \_\_\_\_\_

Household areas off limits to employee and children: \_\_\_\_\_

Dangerous areas in house/garage/basement/yard: \_\_\_\_\_

Has home been child-proofed? \_\_\_\_\_ If no, is employee expected to do it? \_\_\_\_\_

Procedure to follow if locked out of house: \_\_\_\_\_

Will employee receive a set of house keys? \_\_\_\_\_

Will employee need to set house alarm? \_\_\_\_\_

Surveillance cameras in the home? \_\_\_\_\_ How are they used, for security or job performance review?

Location of smoke detectors: \_\_\_\_\_ Location of fire extinguisher: \_\_\_\_\_

Special food items that the employee may not consume or bring into the home: \_\_\_\_\_

### Technology: (state limitations)

Television and music rules for employee: \_\_\_\_\_

Text messaging and cell phone use: \_\_\_\_\_

Use of employer computer (TPNN recommends for work related duties only): \_\_\_\_\_

Can employee bring their laptop to the job? \_\_\_\_\_

Photos and other private or job-related information posted on Facebook or blogs: \_\_\_\_\_

### For live-in employees:

Artwork allowed on walls of room: \_\_\_\_\_

Rearrangement of furniture: \_\_\_\_\_

Cable and/or internet available? \_\_\_\_\_

Employee's quarters are private, employer does not enter unless invited or emergency. \_\_\_\_\_ (check if agree)

**We agree that the above has been carefully reviewed and is thoroughly understood.**

**We both have received copies of this agreement and sent a copy to The Philadelphia Nanny Network, Inc.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date