[Graphical user interface, text, application, chat or text message

Description automatically generated](https://www.amazon.com/Complete-Eldercare-Planner-Revised-Updated-dp-0593796349/dp/0593796349/ref=dp_ob_title_bk)

Paid Care Provider Work Agreement

Incorporate the following information in a written agreement.

* Employer name, address, telephone number
* Employee name, address, telephone number
* Employee Social Security number
* Salary, payment method, terms of payment (weekly, bimonthly)
* Benefits (meals, entertainment allowance, vacation, insurance)
* Expenses, transportation fees, reimbursement procedures
* Record keeping/taxes
* Work schedule and timekeeping methods
* Length of service
* Personal days and sick days
* Holidays/makeup time
* Job description
* Emergency procedures
* Worker’s emergency contacts (names, day and evening telephone numbers)
* House rules (include policies on smoking, drinking, foul language, tardiness, absence without notice, visitors and guests, property territorial limits/restrictions if any)
* Termination of employment (two weeks, two warnings)
* Reasons for termination (theft, carelessness, failure to carry out duties, violation of house rules, physical or verbal abuse)
* Job exit strategy
* Employee signature and date
* Employer signature and date