

# SAMPLE JOB AGREEMENT

**JOB AGREEMENT BETWEEN**

**DATE:** \_\_\_\_\_

**Employer (Consumer):** \_\_\_\_\_

**Employee (Homecare Worker):** \_\_\_\_\_

**The Employer and Homecare Worker agree to the following general principles.**

**The Employer (Consumer) will:**

- supply enrollment forms and cooperate with the worker in completing the process
- sign the worker's time sheet if it reflects the hours that were worked
- pay the share of cost on time, if applicable
- assign work which is on behalf of the consumer only
- give the worker advance notice when hours or duties change whenever possible

**The Homecare Worker will:**

- come to work clean and sober
- not make personal or long distance phone calls
- not ask to borrow money, or for a cash advance
- call the Employer as soon as possible if late, sick or unable to work
- give the Employer two weeks notice before leaving the job whenever possible

**Hourly wage:** The hourly wage is \$10.50 as of May 1, 2006.

**If there is a problem with time cards or checks, the worker should call the IHSS Payroll Information Line at 510/577-1877.**

**Share of cost?**     NO     YES, to be paid by the \_\_\_\_\_ day of the month, as agreed.

**Mileage Reimbursement?**     NO     YES, at the rate of \_\_\_\_\_ per mile

**Hours of work:** Changes in scheduled hours are to be negotiated by both parties, with advance notice. Total number of hours per month for this job are \_\_\_\_\_.

Sunday	_____ to _____	Thursday	_____ to _____
Monday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Saturday	_____ to _____
Wednesday	_____ to _____		

**Cleaning or safety supplies to be provided by the consumer:** \_\_\_\_\_

## DUTIES AND RESPONSIBILITIES

Household Tasks and Frequency **D**(Daily) **W**(Weekly) **M**(Monthly) If **other**, please specify:

### Domestic Services

- \_\_\_\_\_ Clean floors (sweep, vacuum or mop)
- \_\_\_\_\_ Wash kitchen counter & sinks
- \_\_\_\_\_ Clean stove top
- \_\_\_\_\_ Wipe/clean refrigerator
- \_\_\_\_\_ Clean bathroom
- \_\_\_\_\_ Take out garbage
- \_\_\_\_\_ Dust
- \_\_\_\_\_ Change bed linen
- \_\_\_\_\_ Make bed
- \_\_\_\_\_ Heavy house cleaning (one time only with approval from IHSS)

### Cooking, preparation and meal clean-up

- \_\_\_\_\_ Prepare meals
- \_\_\_\_\_ Meal clean-up (dishes)

### Laundry

- \_\_\_\_\_ Routine Laundry  
(Wash, dry, fold and put away laundry)

### Shopping

- \_\_\_\_\_ Shopping for food
- \_\_\_\_\_ Other shopping errands

### Additional tasks (not authorized by IHSS)

- \_\_\_\_\_ Clerical skills such as filing or writing
- \_\_\_\_\_ Water house plants
- \_\_\_\_\_ Other \_\_\_\_\_

### Non-Medical Personal Services

- \_\_\_\_\_ Respiration Assistance
- \_\_\_\_\_ Bowel and Bladder care
- \_\_\_\_\_ Feeding
- \_\_\_\_\_ Routine baths
- \_\_\_\_\_ Dressing
- \_\_\_\_\_ Menstrual Care
- \_\_\_\_\_ Ambulation (Help with walking)
- \_\_\_\_\_ Move In/out of Bed
- \_\_\_\_\_ Oral Hygiene/Grooming
- \_\_\_\_\_ Rub Skin
- \_\_\_\_\_ Repositioning
- \_\_\_\_\_ Help on/off seats, In/out of vehicle
- \_\_\_\_\_ Care/Assistance with prosthesis

### Accompaniment Services

- \_\_\_\_\_ Medical Appointment
- \_\_\_\_\_ Alternative Resources
- \_\_\_\_\_ Protective supervision

### Paramedical Service

- \_\_\_\_\_ Injections
- \_\_\_\_\_ Administering medication
- \_\_\_\_\_ Other paramedical \_\_\_\_\_

- \_\_\_\_\_ Reading
- \_\_\_\_\_ Pet care/service animals

The Employer and Home Care Worker, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

\_\_\_\_\_  
**Employer Signature**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Home Care Worker Signature**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_