

Employer name \_\_\_\_\_

Employee name \_\_\_\_\_

Date of Hire \_\_\_\_\_

Salary \_\_\_\_\_ (per hour, week, month)

Fringe Benefits \_\_\_\_\_

Terms of Payment \_\_\_\_\_ (e.g., weekly, monthly)

Hours of Employment \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ days  
[changes in schedule or hours to be negotiable]

Employee's Social Security # \_\_\_\_\_

Employee Duties (fill in):

Personal Care:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Household Chores:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Non-Acceptable Behavior/Reason for Termination:

Signed:

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_