NANNY CONTRACT

1.	START DA	rms of employ ATE				
	Employee will start employment of terminate the relationship.				and continue until either party elects to	
2.	WORKSIT	TE ADDRESS				
	Work will be	e performed at				
3.	WORK SO	CHEDULE				
		ng represents a as much notic		. Employer wi	ll limit fluctua	tions as much as possibl
	☐ Sat	Begin:	am/pm	End:	am/pm	Daily Hours
	■ Sun		am/pm		am/pm	
	■ Mon	Begin:	am/pm	End:	am/pm	Daily Hours
	■ Tue		am/pm		am/pm	
	■ Wed	Begin:	am/pm	End:	am/pm	Daily Hours
	☐ Thur	Begin:	am/pm	End:	am/pm	Daily Hours
	☐ Fri	Begin:	am/pm	End:	am/pm	Daily Hours
					Total Weekly Hours	
4	IOD DECE	ONCIDILITI	-c			
4.	JOB KESP	ONSIBILITIE	=5			
	D. Donond	ant Cara Thair		[h: + h / DOD) =	of anala daman	double liebod belevy
	■ Depend	ent Care. The r	name and date of	birth (DOB) c	of each depend	dent is listed below.

A specific list of tasks, timelines and instructions are attached in Addendum A.

5. COMPENSATION

Regular rate of pay = \$	per hour
+ Overtime rate of pay = \$	per hour (for more than 40 hours in a week)
Total compensation = \$	per week
Wages will be paid at worksite	address: Weekly (Every Friday)
	☐ Bi-Weekly (Every Other Friday or 26 times per year)
Method of Payment:	

Fair Labor Standards Act Notes: With very few exceptions, domestic employees are classified as "non-exempt" (protected) workers, which entitles them to pay for every hour they work at a rate that may not be less than the federal, state and, if applicable, local minimum wage rate. Additionally, overtime (time-and-a-half) must be paid for each hour over 40 in a 7-day workweek. Generally, live-in employees are exempt from overtime requirements, however, certain states such as CA, HI, MA, MD, ME, MN, NJ, NV, NY and OR have special overtime requirements for live-in employees. Call 888-273-3356 for details.

MILEAGE & GENERAL EXPENSES

Any miles driven while on the job using the employee's car will be reimbursed at the IRS Mileage Reimbursement Rate, which covers the cost of gasoline as well as general wear and tear on the car. Employee will maintain a mileage log and submit to employer for reimbursement at the end of the pay period. The current IRS mileage reimbursement rate is 58 cents per mile.

All other pre-approved, work-related expenses will be reimbursed at cost. Employee will keep all receipts and submit to employer for reimbursement at the end of the pay period.

TAX-ADVANTAGED BENEFITS

In addition to the wages stated above, employer will contribute to the following employee expenses. These amounts are considered "non-taxable" compensation (up to the limits noted below), meaning neither employer nor employee will pay any taxes on this portion of the compensation (check any that apply):

Health Insurance at \$	per month (up to total amount of premium)
Public Transportation at \$_	per month (up to \$265*/month)
Parking at \$	per month (up to \$265/month)
College Tuition at \$	per month (up to \$5,250 per year)
Mobile Phone service at \$_	per month (up to total amount of bill)

^{*} Families in Massachusetts are capped at \$140/month for this benefit.

6. PAID TIME OFF

	Employee will receive the following paid time off:					
	 Sick Leave (hours per year) week(s) notice is requested for any appointment etc. which may cause the employee to miss work. Vacation (hours per year). Employee will provide vacation request at least week(s) in advance. 					
Paid Time Off Notes: Families are not required by federal law to provide paid time However, there are several cities/counties/states that mandate paid sick leave and vacation. Please call 888-273-3356 for details.						
7.	. HOLIDAYS					
	Employer will provide the following PAID Holidays (check any that apply):					
	☐ President's Day ☐ M☐ July 4 th ☐ La	flartin Luther King, Jr.'s Birthday flemorial Day abor Day hristmas Day				
	Employer will also provide the following UNPAID holidays (check any that apply):					
	☐ President's Day ☐ M☐ July 4 th ☐ La	Martin Luther King, Jr.'s Birthday Memorial Day abor Day hristmas Day				

Holiday Pay Note: Families are not required by law to provide paid holidays.

8. TAX WITHHOLDING/REPORTING

Employer will withhold the required Social Security & Medicare taxes from the employee's pay, along with income taxes per the employee's instructions on Form W-4 and all other applicable state taxes.

All tax withholdings will be remitted to the state and federal tax agencies on or before the household employment tax deadlines. In addition, employer will match the employee's Social

Security & Medicare contributions and make contributions to the state and federal unemployment insurance funds on behalf of the employee.

Employer will provide employee with Form W-2 at the end of the year (by January 31).

Employer will report employee's earnings to the Social Security Administration so that employee receives appropriate credits.

9. CONFIDENTIALITY

Employee understands that any and all private information obtained about the employers or their dependents during the course of employment, including but not limited to medical, financial, legal, and career, are strictly confidential and may not be disclosed to any third party for any reason.

10. SOCIAL MEDIA POLICY

Employee understands that no information about his/her location, plans for the day or pictures of family members should be shared on any social media network. Employee will also not tell strangers to the family (i.e. caregiver's friends) where he/she is spending the day, unless the family has authorized.

11. GROUNDS FOR TERMINATION

The following are grounds for immediate termination, but are not limited to:

- Allowing the safety of the dependent(s) to be compromised
- Inconsistent or non-performance of agreed-upon job responsibilities
- Dishonesty
- Stealing
- Misuse of family automobile
- Breach of confidentiality clause
- Persistent absenteeism or tardiness
- Unapproved guests
- Smoking or consumption of alcohol while on duty
- Use of an illegal drug

Employer	Signature:	
Printed N	ame:	
Date:		
Employee hereby	agrees to be fully bound by the terms o	of this contrast
Employee hereby	agrees to be rully boulld by the terms t	n tills contract.
Employee	e Signature:	
Printed N	ame:	
·····ca···		
Date:		

Employer hereby agrees to be fully bound by the terms of this contract.