



250 Post Road East, Suite 104A, Westport, CT  
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phone: (203) 227-3924 or (914) 222-1068

[www.hometownnannies.com](http://www.hometownnannies.com)

[info@hometownnannies.com](mailto:info@hometownnannies.com)

## **EMPLOYMENT AGREEMENT**

This contract executed on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ has the following terms of employment.

WORKSITE ADDRESS: The work will be performed at \_\_\_\_\_.

### **1. EMPLOYMENT**

- a. The employment under this agreement is to begin on \_\_\_\_\_ and continue unless sooner terminated as provided herein.
- b. Subject to the supervision and control of the Employer, the Employee shall perform the usual and customary duties of \_\_\_\_\_ including but not limited to those described in the written job description.
- c. The Employee shall work at the convenience of the Employer, arriving and leaving at times to be specified by the Employer. The Employee shall not be required to work more than \_\_\_\_\_ hours per week, but may consent to do so.

### **2. WORK SCHEDULE**

	Begin	End	Daily Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Weekly Hours			

3. **JOB RESPONSIBILITIES (Including and Specific to All Hybrid Jobs)**

a. NANNIES, GOVERNESSES, FAMILY ASSISTANTS, BABY NURSES ETC.

The Employee agrees to notify the family of the child or children's' location at all time and agrees that no unapproved guests will be admitted to the household or allowed in the family car during work hours.

1. The name and date of birth (DOB) of each dependent is listed below.

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

2. Job Priorities (Please fill this in.)

(For example: The care and safety of children)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

General

(For example: Child related housekeeping and laundry, care of the family's golden retriever)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

b. HOUSEKEEPERS, CHEFS, CNAs, DRIVERS AND OTHER STAFF

1. Job Duties (Please fill this in.)

(For example: Heavy cleaning/organization of household)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

General

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. **COMPENSATION**

a. Subject to the following provisions of this agreement, the Employer agrees to pay the Employee a gross compensation hourly rate of \$\_\_\_\_\_.

b. The Employer shall pay the Employee on a (weekly\_\_\_\_\_ ) basis on Friday of each week.

- c. The Employee shall receive an overtime wage of 1.5 times the agreed upon gross hourly rate for each hour worked, exceeding 40 hours per week, and for any Federal holidays that he or she works.
- d. The Employer, at his or her own discretion and in writing, may agree to increase the Employee's hourly gross compensation from time to time.
- e. The Employer agrees to compensate the Employee for all workdays if work is lost through no fault of the Employee (i.e. in the event the family goes on vacation, etc. and does not need the Employee to work his or her regular hours).
- f. The Employee may receive an annual bonus based on work performance at the discretion of the Employer.
- g. The Employee may receive a monthly or annual insurance stipend at the discretion of the Employer.

**5. BENEFITS AND OTHER PROVISIONS**

- a. The Employee is entitled to \_\_\_\_\_ days/weeks of paid vacation annually. The vacation must be scheduled 30 days in advance and agreed to by the Employer. The vacation compensation is based upon normal payment for a 40-hour work week. Two weeks paid vacation is the minimum norm for fulltime Employees. (One week may be chosen by the family; and one week may be chosen by the Employee.)
- b. The employee will receive the following paid Federal holidays: New Year's Day, Martin Luther King's Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.
- c. The Employee will receive \_\_\_\_\_ days per year as paid sick time/personal days.
- d. The Employee may receive any and/or all of the following for use on the job at the Employer's discretion:
  - Cellphone      • Credit Card      • Household Cash Allowance      • Other Benefits
  - Use of family car is recommended for safety and other reasons.
  - Reimbursement at the current IRS mileage rate if the Employee uses his or her own car.
  - Health insurance stipend

**7. TERMS AND CONDITIONS OF EMPLOYMENT**

- a. The Employee may not drink alcohol, use illegal drugs or smoke while on duty.
- b. Childcare Employees shall provide a safe, secure and healthy environment for any and all children in his or her care.
- c. All Childcare and Domestic Employees agree to respect their work environment and perform their job duties to the best of their ability

**7. CONFIDENTIALITY**

- a. Employment lends itself to intimate and sensitive information. Therefore, the Employee agrees to treat household information as private and confidential during and after his/her employment tenure. The Employee understands that any and all private information obtained about the Employer or their dependents during the course of employment, including but not limited to medical, financial, legal, and career information, are strictly confidential and may not be disclosed to any third party for any reason.
- b. The Employee agrees that no information pertaining to the household, such as the home's security system code or a password for childcare drop offs etc., is to be disclosed inside or outside of the worksite. This applies to any information that is discussed by parties within the household, as well.

**8. TERMINATION OF AGREEMENT**

- a. The Employer may terminate employment for failure to perform the duties set forth in the job description, for egregious behavior, or because services are no longer needed.
- b. The Agreement may be ended by mutual agreement.
- c. The Employment is at the discretion of the Employer and the Employee. Either party may terminate this agreement with or without notice or cause.

**9. MODIFICATION AND INTERPRETATION**

- a. The job description may be changed by mutual consent.

**10. APPLICABLE LAWS**

- a. The provisions of this Agreement shall be construed in accordance with the laws of the State of \_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

*[Due to the variances of many local, city, county and state laws, we recommend that you seek professional legal counseling before entering into any agreement.]*

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



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**Contact Form – Family Information**

**Family Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Other Pertinent Numbers: \_\_\_\_\_  
*[i.e. relatives, teachers, etc.]*

Other Pertinent Numbers: \_\_\_\_\_  
*[i.e. relatives, teachers, etc.]*

Emergency Plan:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



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**Contact Form – Staff Information**

**Staff Information:**

Name: \_\_\_\_\_

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

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Other Pertinent Numbers: \_\_\_\_\_  
*[i.e. relatives, etc.]*

Other Pertinent Numbers: \_\_\_\_\_  
*[i.e. relatives, etc.]*