

LIVE-IN CAREGIVER PROGRAM – (SAMPLE CONTRACT)

Employer/Employee General Information			
Employer: Name _____ Address _____ Telephone - home (____) _____ - _____ - work (____) _____ - _____ Revenue Canada Employer No. _____	Employee: Name _____ Address _____ Telephone - home (____) _____ - _____		
Job Description			
Child Care	yes	no	Number of Children _____
Elderly Care	yes	no	Disabled Care
			yes
			no
Ages of Children _____			
Care/Responsibilities/Duties Describe: _____ _____ _____			
Housekeeping Responsibilities yes no Describe: _____ _____			
Will employee be required to provide pet care? yes no Additional Responsibilities? yes no Description of the house and household (number of rooms, household members, etc.) _____ _____			
Wages and Working Conditions			
<i>Wages and working conditions must reflect provincial employment standards and prevailing wage rates</i>			
Gross Wage of \$ _____ weekly _____ monthly	Hours of work _____/wk Day(s) off _____/wk (which days off)	Frequency of pay _____ weekly _____ biweekly _____ monthly	
Overtime rate _____/hr	To be paid after _____ hours	Schedule of hours _____	
The employer agrees to provide the employee with information regarding wages and types and approximate amounts of deductions from pay.			
Weeks of vacation with pay _____/yr	Other leave _____	Paid general holidays _____	Days of paid sick leave _____/yr
Cost of room and board \$ _____	Accommodation: Furnished Private Room yes no Locked yes no Private Bath yes no	To be paid _____ weekly _____ monthly	Other Benefits _____
Medical Coverage _____	Airfare Included yes no Details: _____	Income tax deductions will be taken at source	
Contributions will be made by employer to Canada Quebec Pension Plan and to Employment Insurance			
Duration of employment _____			
Terms of Separation:			
The Employer and Employee agree to abide by provincial labour standards regarding written notice of termination of employment. (It is recommended that a copy of the relevant portions of provincial labour standards be attached as an appendix) Amendments to this contract must be made in writing and agreed to by both parties.			
Signature of Employer: I certify that the duties outlined above are accurate and correct. I will abide by provincial labour standards. I will provide a Record of Employment on termination of employment. _____ Signature Date		Signature of Employee: I have read the undertaking and understand it. _____ Signature Date	