SAMPLE EMPLOYMENT AGREEMENT

This contract, executed on , between and , has the following terms of employment:

# START DATE

The Employee will start employment on and continue until either party elects to terminate the relationship.

# WORKPLACE ADDRESS

Work will be performed at .

# WORK SCHEDULE

The following represents a typical schedule\*. The Employer will limit fluctuations as much as possible and provide as much notice as possible of any changes.

|  |  |  |  |
| --- | --- | --- | --- |
| * Sat
 | From: am/pm | To: am/pm | Daily hours  |
| * Sun
 | From: am/pm | To: am/pm | Daily hours  |
| * Mon
 | From: am/pm | To: am/pm | Daily hours  |
| * Tue
 | From: am/pm | To: am/pm | Daily hours  |
| * Wed
 | From: am/pm | To: am/pm | Daily hours  |
| * Thurs
 | From: am/pm | To: am/pm | Daily hours  |
| * Fri
 | From: am/pm | To: am/pm | Daily hours  |

Total weekly hours

1. **NOTES ABOUT THE PERSON REQUIRING CARE**

The person you will care for, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been diagnosed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which can cause these changes in their behaviour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
*(Include any essential information about dementia, Alzheimer’s, food allergies, chronic pain, or other chronic conditions).*

The person you will care for can/cannot be left alone.

Caregiver’s initials \_\_\_\_\_\_\_\_\_\_\_\_\_

# JOB RESPONSIBILITIES

# Here are some of the things you will be responsible for during this job:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Health care** |  |  |
| *[These services should be provided by a registered therapist or nurse. It is advised to ask to see the current registration and make a copy.]* |  |  |
| Speech therapy | \_\_\_\_\_ | \_\_\_\_\_ |
| Wound care or bandaging | \_\_\_\_\_ | \_\_\_\_\_ |
| Rehabilitative or therapeutic physical therapy | \_\_\_\_\_ | \_\_\_\_\_ |
| Occupational therapy | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Medications** |  |  |
| Medication prompting | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Bedroom** |  |  |
| Help with transfers (getting in and out of bed) | \_\_\_\_\_ | \_\_\_\_\_ |
| Change bed sheets | \_\_\_\_\_ | \_\_\_\_\_ |
| Straighten room, make bed | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Personal care** |  |  |
| Assist with transfers (going from chair to bed, using the toilet, getting in and out of the bath, etc.) | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with bathing | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with toileting | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with dressing | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with walking | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with exercises | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with shaving | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with personal grooming (brushing hair or teeth, clipping fingernails or toenails) | \_\_\_\_\_ | \_\_\_\_\_ |
| Observe and record any health or behaviour changes | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Meals and nutrition** |  |  |
| Plan \_\_\_\_ meals and \_\_\_\_ snacks a day | \_\_\_\_\_ | \_\_\_\_\_ |
| Prepare food | \_\_\_\_\_ | \_\_\_\_\_ |
| Serve food | \_\_\_\_\_ | \_\_\_\_\_ |
| Provide company at mealtime | \_\_\_\_\_ | \_\_\_\_\_ |
| Assist with feeding | \_\_\_\_\_ | \_\_\_\_\_ |
| Clean dishes or put in dishwasher | \_\_\_\_\_ | \_\_\_\_\_ |
| Put away clean, dry dishes | \_\_\_\_\_ | \_\_\_\_\_ |
| Wipe surfaces of counters and stove | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **General duties** |  |  |
| Clean bathtub, toilet, sink | \_\_\_\_\_ | \_\_\_\_\_ |
| Care for pets | \_\_\_\_\_ | \_\_\_\_\_ |
| Empty garbage in kitchen, bathrooms, and bedroom | \_\_\_\_\_ | \_\_\_\_\_ |
| Sort recycling items | \_\_\_\_\_ | \_\_\_\_\_ |
| Secure home when leaving | \_\_\_\_\_ | \_\_\_\_\_ |
| General/thorough house cleaning | \_\_\_\_\_ | \_\_\_\_\_ |
| Wash, dry, fold, and put away laundry | \_\_\_\_\_ | \_\_\_\_\_ |
| Water plants | \_\_\_\_\_ | \_\_\_\_\_ |
| Vacuum carpets and floors or sweep hard floors | \_\_\_\_\_ | \_\_\_\_\_ |
| Shovel or de-ice steps | \_\_\_\_\_ | \_\_\_\_\_ |
| Garden maintenance | \_\_\_\_\_ | \_\_\_\_\_ |
| Keep home surfaces clean, clutter-free, and dusted | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Grocery shopping, errands, and activities** |  |  |
| Errands may include stops at the supermarket, pharmacy, or gas station to purchase food and supplies | \_\_\_\_\_ | \_\_\_\_\_ |
| Put items away in the home | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Transportation** |  |  |
| Arrange for alternate transportation (like a city mobility service) or public transportation | \_\_\_\_\_ | \_\_\_\_\_ |
| Medical or dental appointments | \_\_\_\_\_ | \_\_\_\_\_ |
| Beauty or personal care appointments | \_\_\_\_\_ | \_\_\_\_\_ |
| Social visits to family and friends | \_\_\_\_\_ | \_\_\_\_\_ |
| Faith-based visits | \_\_\_\_\_ | \_\_\_\_\_ |
|  |  |  |
| **Social pursuits** |  |  |
| Going for walks or sitting outside | \_\_\_\_\_ | \_\_\_\_\_ |
| Reading aloud | \_\_\_\_\_ | \_\_\_\_\_ |
| Playing games (board, card, etc.) | \_\_\_\_\_ | \_\_\_\_\_ |
| General companionship and conversation | \_\_\_\_\_ | \_\_\_\_\_ |

*Additional timelines and instructions are attached in the Adult and Elderly Care Rules and Daily Schedule.*

# COMPENSATION

Regular rate of pay = $ per hour

+ Overtime rate of pay = $ per hour (for more than 40/44/48 hours in a week)

 **Please note**: Overtime thresholds vary depending on the province. Moreover, in BC, hours are calculated both weekly and daily, whereby time-and-a-half applies after 8 hours, and double-time applies after 12 hours per day.

Total compensation = $ per week

Wages will be paid at the place of work:  Weekly (every Friday)

* + Biweekly (every other Friday, or 26 times per year) Method of payment:

**Please note:** Shifts where the Employee is obliged to stay at their workplace and expected to sleep for most or all of that shift and are only woken to undertake specific work activity are generally subject to different rules regarding payment, particularly in the case of shifts which exceed a total of 24 hours. Check the rules in your province.

## MILEAGE & GENERAL EXPENSES

Any kilometres driven while on the job using the Employee’s car will be reimbursed according to the Canada Revenue Agency’s [reasonable per-kilometre allowance](https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/payroll/benefits-allowances/automobile/automobile-motor-vehicle-allowances/reasonable-kilometre-allowance.html). For total annual distances up to 5,000 km, this is set at 68¢ per kilometre, and 62¢ per kilometre thereafter (as of 2023).

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

## OTHER PAYMENTS

In addition to the wages stated above, the Employer will contribute to the following Employee expenses (tick any that apply). These contributions may be tax-deductible, meaning neither the Employer nor the Employee will pay any tax on this portion of the compensation:

* Parking in the amount of $ per month (supported by receipts)
* Cell phone service in the amount of $ per month (up to total amount of bill)

 The Employer has employer liability insurance.

# PAID TIME OFF

The Employee will receive the following paid time off:

* + Sick leave ( days per year). week(s) notice is requested for any medical appointments, etc. which may cause the Employee to miss work.
	+ Vacation ( days per year). Employee will submit holiday requests at least
	 week(s) in advance.

**Please note**: Employees in Canada are entitled to paid vacation. Depending on the province, full-time employees are generally entitled to a minimum of two weeks’ vacation a year after the first week of employment. Consult your province’s Employment Standards Act for the entitlement that applies to you. Employees are entitled to three days of unpaid sick leave per year in most provinces. British Columbia stipulates an additional five days of paid sick leave per year on top of the three unpaid days.

# STATUTORY HOLIDAYS

The Employer will provide the following **PAID** bankholidays (tick any that apply):

* + New Year’s Day q Civic Holiday/BC Day
	+ Family Day q Labour Day
	+ Good Friday q Thanksgiving Day
	+ Easter Monday q Remembrance Day
	+ Victoria Day q Christmas Day
	+ Canada Day

+ Add others

The Employer will also provide the following **UNPAID** bankholidays (tick any that apply):

* + New Year’s Day q Civic Holiday/BC Day
	+ Family Day q Labour Day
	+ Good Friday q Thanksgiving Day
	+ Easter Monday q Remembrance Day
	+ Victoria Day q Christmas Day
	+ Canada Day

+ Add others

**Please note:** Employers in Canada are not required to provide leave (paid or unpaid) on bank holidays, but requirements for additional statutory holiday pay may apply depending on the province.

# TAX WITHHOLDING/REPORTING

The Employer will withhold the required payroll deductions, including CPP/QPP, EI, and income tax from the Employee’s pay.

All tax withholdings will be reported to the Canada Revenue Agency on or before each pay day and paid on a monthly basis. In addition, the Employer will match the Employee’s CPP/QPP pension contributions.

# CONFIDENTIALITY

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

# GROUNDS FOR TERMINATION

Grounds for immediate termination include, but are not limited to:

* Allowing the safety of the dependent(s) to be compromised
* Inconsistent performance or non-performance of agreed-upon job responsibilities
* Concerning issues in criminal record or credit checks
* Dishonesty
* Stealing
* Misuse of the family vehicle
* Breach of the confidentiality clause
* Persistent absenteeism or tardiness
* Unapproved guests
* Smoking or consumption of alcohol while on duty
* Use of illegal drugs
* Overuse of cell phone or computer while on duty
* Negotiating terms of employment with care receiver directly
* Failing to report any additional monies or gifts given to caregiver by care receiver
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SOCIAL MEDIA POLICY

The Employee understands that no information about their location, plans for the day or pictures of family members should be shared on any social media network. The Employee will also not tell strangers to the family (i.e. caregiver’s friends) where they are spending the day unless authorized by the family.

1. **RAISES AND REVIEWS**

After the first 90 days, the Employee will have an initial review with the family to check in and gauge how the relationship is going.

After \_\_\_ year(s), the Employee is eligible for a pay increase of $\_\_\_or \_\_\_%. This will be based on
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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***Raises and reviews notes:*** *Employers are not required to give caregivers annual raises unless required to continue meeting the provincial minimum wage, but it is a common practice. Start with the rate of inflation (check the* [*Statistics Canada website for the Consumer Price Index*](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)*) and then add between two and five percentage points based on performance.*

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

Employer signature:

Printed name:

Employer address:

Employer telephone number:

Employer email:

Date:

## The Employee hereby agrees to be fully bound by the terms of this contract.

Employee signature:

Printed name:

Employee address:

Employee telephone number:

Employee Email:

Date:

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