



Nanny and Family Work Agreement

Family Name: _____

Nanny Name: _____

Children's Name and DOB:

- 1.
- 2.
- 3.
- 4.
- 5.

Work Days and Hours

Monday ___ to ___

Tuesday ___ to ___

Wednesday ___ to ___

Thursday ___ to ___

Friday ___ to ___

Saturday ___ to ___

Sunday ___ to ___

DUTIES:

A. Primary: Primary duties of Nanny shall be to: (check all that apply)

- plan age appropriate activities
- prepare child's food
- care of the children's room
- laundry for the family
- laundry for the children only
- maintain a daily log of children activities
- other _____

We would like the Nanny to answer the phone in the following manner _____



B. Secondary: Secondary duties shall include being responsible for keeping the home neat and organized. Other housekeeping duties will be: (check all that apply)

- Run errands for the family as needed
- Cook evening meal
- Keep kitchen area clean
- Vacuum and Dust every week
- Clean the bathrooms
- Other _____

C. Other such reasonable duties as may be mutually agreed upon by both employer and nanny/employee.

SALARY:

\$_____ per week net to be paid on Friday.

VACATION TIME:

_____ days of vacation will be given to the Nanny paid. This vacation time can be taken after _____ months of employment.

OVERTIME:

Additional childcare will be handled as follows:

Per hour at a rate of \$_____ per hour

Overnights \$_____

Weekends \$_____

CPR/FIRST AID:

CPR/First aid training needs to be completed on or before _____. We will cover the expense of this class.

BENEFITS:

Family will contribute _____ toward health insurance on a monthly basis.

VEHICLE:

We agree to the following:

Nanny shall use the family car only for children.

Nanny can also use the car for limited personal use.

Nanny shall provide her own car and will be reimbursed for gas at a rate of \$ _____ per week.



DAILY SCHEDULE OF NANNY

Five horizontal lines for writing the daily schedule.

EMERGENCIES:

Unless life threatening conditions warrant immediate transport to a medical facility, Nanny will contact employer for instructions.

A. If a life-threatening condition exists, the child(ren) should be transported to a medical facility, by way of ambulance if Employer is not available for instruction when or if emergency exists.

EMERGENCY PHONE NUMBERS:

Name of Pediatrician _____

Phone Number _____

Neighbor to call if cannot reach parents _____

ANTICIPATED NATURE OF THE RELATIONSHIP: While it is understood that it is desirable to have a written working document governing the employment, it is the family's intention that the relationship be as close as possible to incorporating and welcoming the Nanny/Employee into a warm, friendly, close, and helpful business relationship in the household, with each member thereof affording the others respect, affection, personal concern for the welfare of each, sharing the business responsibilities as previously addressed in this contract.

AGREEMENT AND SIGNATURE: Each of the parties, by their signatures appended hereto signify agreement to abide by the terms and conditions of the Agreement, this _____ day of _____, 2002

NANNY:

EMPLOYER:

Horizontal line for Nanny signature

Horizontal line for Employer signature