



Sample Job Agreement for IHSS

Job Agreement Date: _____

Recipient (Employer) _____ Provider (Employee) _____

The Recipient and Provider agree to the following general principles.

The Recipient agrees to:

- Assign and direct the work of the Provider
- Give the Provider advance notice, whenever possible, when hours or duties change and two weeks' notice, if possible, if he/she/they is being terminated
- Only ask the Provider to do work for the Recipient as assigned by IHSS
- Supply enrollment forms and cooperate with the Provider in completing them
- Sign timesheets in a timely manner and/or pay the share of cost, if applicable

The Provider agrees to:

- Perform the agreed upon tasks and duties
- Arrive to work on time
- Call the Recipient as soon as possible if late, sick or unable to work
- Not make personal calls or overuse personal cell phone on Recipient's time
- Not ask to borrow money or ask for a cash advance
- Give the Recipient two weeks' notice, when possible, before terminating from the job

The current hourly wage for IHSS is \$_____. If there is a problem with timesheets or checks, the Provider should call IHSS Payroll: 510-577-1877.

Does the Recipient have a Share of Cost that may be paid to the Provider?

NO YES If yes, indicate maximum amount \$_____

Will the Provider use his/her/their car to drive to shopping or medical appointments?

NO YES If yes, explain agreement for paying for gas: \$_____/mile

The Recipient will provide the following supplies and/or equipment (gloves, cleaning supplies, etc.): _____

Hours of work for this job are shown below: Changes in scheduled hours are to be negotiated by both parties, with advance notice:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							



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IHSS DUTIES AND RESPONSIBILITIES

Note below the tasks the Provider should do and how often, using these codes:

D (Daily) **W** (Weekly) **M** (Monthly) **O** (Other). If "Other," note details next to task:

Domestic Services:

- Mop kitchen & bathroom floors
- Vacuum/sweep
- Wash kitchen counter & sinks
- Clean stove top
- Clean refrigerator
- Clean bathroom
- Take out garbage
- Dust
- Change bed linen
- Make bed
- Routine Laundry (wash, dry, fold & store)
- Heavy house cleaning (Once per year, only if approved by IHSS)

Meals

- Prepare meals
- Meal clean-up
- Wash dishes/put away

Shopping

- Shopping for food
- Other shopping errands

Non-Medical Personal Services:

- Respiration assistance
- Bowl & bladder care
- Feeding
- Routine baths
- Dressing
- Menstrual Care
- Help with walking
- Move in & out of bed
- Oral hygiene & grooming
- Repositioning
- Rub skin
- Help on/off seats & in/out of vehicle
- Care/assistance with prosthesis

Appointment Services

- Medical appointment
- Alternative resources

Paramedical Services

- Injections
 - Administration of medication(s)
 - Blood sugar checks
 - Other paramedical services:
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Additional tasks (not authorized by IHSS) which recipient will pay for directly:

- Clerical skills such as filing or writing
- Reading
- Other: _____
- Water house plants
- Pet care/service animals



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By signing below, the Recipient (Employer) and Provider (Employee) agree to the terms outlined in this Agreement.

Recipient Print Name Clearly

Provider Print Name Clearly

Recipient Signature Date

Provider Signature Date

Recipient Phone:

Provider Phone: