



# IHSS Consumer and Provider Job Agreement

**This job agreement will help explain job duties and work schedule. You can use this form to guide your discussion with your new provider.**

Complete and sign this job agreement. Use it as a record of agreed upon responsibilities.

## 1. This job agreement is between:

\_\_\_\_\_ & \_\_\_\_\_  
Consumer/Employer (Print Name)                  Provider/ Employer (Print Name)

## 2. The consumer and provider agree to the following general rules.

The consumer agrees to:

- Assign and direct the work of the provider.
- Let the provider know ahead of time, whenever possible, when hours or duties change.
- Not ask the provider to do work for anyone other than him/her or do things that have not been authorized by IHSS.
- Sign the provider's timesheet on time if it correctly shows the hours that were worked.

The Provider agrees to:

- Perform the agreed upon tasks and duties.
- Call the consumer as soon as possible if they are late, sick, or unable to work.
- Come to work on time (see hours of work on the back of this page).
- Keep personal calls at a minimum and not make long distance telephone calls using the consumer's telephone.
- Not ask to borrow money or ask for a cash advance.
- Give the consumer a two-week notice, whenever possible, before taking a vacation or leaving the job.

## 3. The provider will be paid at the rate set by the county for IHSS providers.

## 4. The hours of work for this job are shown below.

Changes in the scheduled days and hours are to be agreed upon by both parties, with advance notice. Some providers may need to work split shifts each day in order to meet the consumer's needs.

\*The IHSS workweek starts at 12:00 am on Sunday and ends on 11:59 pm on Saturday.

	SUN	MON	TUES	WED	THURS	FRI	SAT
Hours							
Hours							

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

\_\_\_\_\_  
Consumer/Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Provider/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

