

sample nanny contact

Name(s) of employer: _____

Address: _____

Name of nanny: _____

Address: _____

Social Security # _____

Number of children: _____

Names of children: _____

Start date: _____

Schedule

Hours needed on a set, weekly basis and times off:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Number of sick days: _____

Number of personal days: _____

Nanny will give employer _____ days notice for personal days and will call by _____ a.m. on the first day of illness.

Duties

List the responsibilities you need the nanny to fulfill. Being specific in this area increases the likelihood there will be less misunderstandings and a better satisfaction for both parties. (Ex. Dispensing of medication, ongoing playdates, laundry on specific days.)

13117 Eastpoint Park Blvd.
Ste. H
Louisville, KY
(502) 895-9998
(502) 638-2502 fax
After Hours: (502) 541.6441

Owners Kevin and Laura Hall
info@FamilyTreeCareServices.com

Duties

List the responsibilities you need the nanny to fulfill. Being specific in this area increases the likelihood there will be less misunderstandings and a better satisfaction for both parties. (Ex. Dispensing of medication, ongoing playdates, laundry on specific days.)

Transportation

Use of car to transport child/children: yes / no

If yes, then specify which car will be used (nanny's/employer's).

Reimburse mileage for nanny's car: yes / no

(Note: The current rate according to the IRS is \$.38 per mile)

Parenting Preferences

Discipline: (Do you want the nanny to discipline your child and if so, in what ways?)

Naptime Details: (When naptime(s) should be, how many a day are needed, whether nanny is allowed to let child "cry it out", length of naptime, etc.)

Television: Yes / No If yes, then for _____ amount of time, and which programs are acceptable:

Meals: (List how many meals during nanny's work period need to be given, any dietary preferences, acceptable snacks, etc.)

Hygiene Requirements: (List specifics: Nanny must wash hands before preparing food, etc.) _____

Safety: (Areas in house where child is not allowed, any other safety concerns)

Authorization to release child: (Grandparents, sibling, close friends-specific names)

Emergencies

In case of medical emergency, list appropriate procedure you wish the nanny to follow and the names of who should be contacted first. (Include a letter authorizing your nanny to take your child/children to the doctor or emergency room.)

Emergency Procedure: _____

Mother's Number: _____

Father's Number: _____

Grandparents/Other Secondary Contacts Name and Number:

Compensation and Benefits

Compensation:

Salary/Pay: \$_____ amount per pay period (hourly, weekly, bi-weekly).

Nanny will work _____ hours a week. Employer will pay \$_____/hour for any extra hours worked. (If set schedule, if not then disregard)

Taxes: (Determine how taxes will be handled, whether employer will deduct taxes from nanny's paycheck or will simply supply with a 10-99 at the necessary time)

_____ Benefits: (will vary based off of employer's need and ability to provide these options)

Health Insurance: (Whether employer will provide, or if employer will assist in some way with health insurance, and name of insurance company)

Paid Vacation: _____ days per year. Nanny will provide employer with _____ weeks notice of any upcoming vacations. (also state if nanny will be compensated for time employers are on vacation)

Paid Holidays: (List all applicable holidays: Christmas, Thanksgiving, etc.)

Room and Board: (For live-in nanny only)

List amenities nanny may use or that are already provided. (bed, TV, microwave, etc.)

Extras: (Anything extra employer wishes to include)

Reviews, Raises, and Grievance Policies

The employer agrees to review the nanny every _____ months.

Cost-of-living raises will be given every (year/ _____ years, depending on review)

If nanny has a grievance, list procedure employer wishes the nanny to follow.

Changes and Amendments

In the event of the birth of another child, list procedure to be followed.
(Whether you desire to continue with same nanny, or raises involved with extra childcare)

Contract can be changed or amended if both parties agree: Yes / No

Notice of Termination

The nanny must give _____ weeks/ months notice of termination in writing.

The employer must give the nanny _____ weeks/months notice if the services are no longer needed.

Should the employer terminate the agreement, employer agree to pay all wages up to and including nanny's last day of work: Yes / No.

Signature

Nanny

Date

Parent

Date

Parent

Date