

# **CELINE RIVERA**

## **NANNY AGREEMENT**

CPR Certified

## REFERENCES AVAILABLE

Phone: (831) 578-9077

a. Parent Information Address:	

City:	State:	Zip Co	de:	
Phone Numbers:				
Emergency Contact:				
1)				
2)			<u> </u>	
3)				
o. Kid Information (Feel free to include any relevant information				
regarding allergies, any specific behavioral and emotional				
needs/tendencies, and f	un facts!)			

c. Celine Rivera's Contact Info:

1. Personal Information

Address: 919 Capitola Ave, Apt # 46, Capitola, CA 95010

Phone # 831-578-9077

Emergency contact: Celine's Mother, Indiana Rivera

Phone # 702-273-8830



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This Nanny Agreement (this "Agree	ement") is entered on
between	
(the "Parent(s)" and	(the "Nanny")
whereby the Nanny agrees to prov	ide care for the child or
children identified below (the "Kid	(s)") commencing on
,in ac	cordance with the terms and
conditions set forth below:	

The Nanny's work hours are as follows:

#### Compensation

- Hourly: The Nanny shall be paid \$30 per hour. A five-hour daily minimum of \$150.
- Any hours in excess of 8 per day will be paid at the overtime rate of time and a half at a rate of \$45 per hour.
- The Parent(s) shall issue payment weekly. \*Please note the weekly payment date is contingent on the weekly nanny schedule and varies by family\*
- Payment not issued on time (later than a week from the agreed-upon date) will be subject to a late fee of \$25 per day until paid in full.

#### 2. Work Hours and Location

The Nanny's work hours are as follows: \*varies by family\*

Monday:

Tuesday:

Wednesday

Thursday:

Friday:

\*Please note that availability is not guaranteed on weekends; please ask about weekend availability in advance.\*



The Nanny shall arrive promptly and shall not depart early without specific consent from the Parent(s). The Nanny and the Parent(s) shall adapt to emergencies and unexpected changes to the schedule as they arise. The location may be changed from time to time by the Parent(s).

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#### 3. Benefits:

\*Please note: sections a and b apply only to full-time employment. Part c and d outlining the cancelation policy is applicable to part-time employment\*

#### **PTO**

- a. Holidays. Paid holidays occur when the holiday falls on the Nanny's regular workday. The following holidays will be paid:

  New Year's Day, Memorial Day, Independence Day, Labor Day,

  Thanksgiving Day, and Christmas Day; if any of the above holidays occur on the weekend, the Nanny shall be given the official federal holiday that is observed.
- **b. Paid Time Off.** The Nanny shall be granted paid time off ("PTO") of \_\_\_\_\_ days (the "PTO Grant") per twelve months of service. PTO may be used for any reason, including vacation, illness, medical appointments, family care, and personal business. The Nanny shall be eligible for PTO starting \_\_\_\_ days after the first work day.

#### **Cancelation Policy**

**e.** Day(s) canceled by the Parent (s) due to illness, 50% of the daily rate is still owed to the nanny per day.



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**d. Family Vacations and Events:** When the Parent(s) do not need the Nanny during the regular work hours, the Nanny will be paid 50% of the daily rate per day.

e. Notice. The Nanny agrees to use their best efforts to give the Parent(s) sufficient advance notice before being absent due to illness. On the rare occurrence that I may need a sick day due to illness or family emergency - I will notify the parent within 24-hrs. Payment in full for days absent is required. I will bank your hours, and you may use them for date nights, errands, etc.

The Nanny agrees to give the Parent(s) at least one week's

Agreement to be duly executed and delivered:

advance notice before taking a vacation.

Parent(s) Signature:	
Printed Name:	
Signature:	
Printed Name:	
Nanny Signature:	
Printed Name:	