## **OFFICIAL NANNY CONTRACT**

Name(s) of employer(s):		
Address:		
Name of nanny: Address:		
Social Security number:		
Number of children: Name(s) of children		
Compensation and Benef	its:	
Start Date:		
□ 15 <sup>th</sup> / □ 30 <sup>th</sup> of the Morn Nanny will workhours worked.	hours per week. Employer will pay \$	/hour for any extra
Taxes:		
(Describe how taxes will b	pe handled)	
1 , 1 ,	ill deduct all applicable taxes from the nanny's part to <a href="www.IRS.gov">www.IRS.gov</a> for options.	aycheck and make tax
<b>Health Insurance</b> : Employ nanny's health insurance, J	yer agrees to pay \$ (all or put specific provided by (name of i	dollar amount) of the insurance company).
	week(s) per year. Nanny will give employers. Also, state whether nanny will be paid for week	
Paid holidays:		
(List all that apply, for exa	imple, Christmas, Thanksgiving, Easter, etc.)	
Room and Board: $\square$ No /	☐ Yes, Explain:	
(Gym memberships, eye ex	xam fee, dental cleanings, etc.)	

## **Schedule:** Nanny's work hours are as follows: Sunday Monday Tuesday Wednesday Thursday Friday Saturday Include hours (am/pm) and days off. Number of sick days: Number of personal days: \_\_\_\_\_\_ days notice for personal days taken, and will call by \_\_\_\_:\_\_ a.m. the first day of illness. Duties: (List the nanny's responsibilities) **Transportation:** Use of vehicle to transport child/children: $\square$ Yes $\square$ No a.): If yes, specify the vehicle: **Parenting Philosophy:** Naptime (explain): Discipline (explain): Television (explain): Meals (explain): Hygiene (explain): Other Rules (explain):

(List anyone who is allowed to visit or pick up your child during the day, for example, grandparents, your sister, etc.)

Authorization to release child:

Emergencies:	
If a medical emergency arises, the nanny should (list appropriate measures here). (Enclose a letter authorizing children to the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and seek medical properties of the doctor or emergency room and the doctor or em	
Nanny must contact the parents immediately.  Mother's number Father's number Grandparent's number	
Reviews, Raises, and Grievance Procedures:	
The employer agrees to review the nanny everyn	nonth(s).
Cost-of-living raises will be given every year(s).	
If nanny has a grievance, he/she can:(list appropriate measure here).	
Changes and Amendments:	
In the event of the birth of another child, a nanny (list here first if nanny wishes to continue employment, or if he/she was for the care of the new baby, and how much)	
Contract can be changed or amended if both parties agree: y	yes/no
<b>Notice of Termination:</b>	
The nanny must give weeks'/months' notice of termin	ation in writing.
The employer must give the nanny weeks'/months' no be required.	otice if her services will no longer
Should the employer terminate the agreement, employer ag including nanny's last day of work: ☐ Yes ☐ No	rees to pay all wages up to and
Signatures:	
Nanny Date	
Parent Date	
Parent Date	