



# EMPLOYER AND EMPLOYEE AGREEMENT

I, \_\_\_\_\_ (Employer =Participant), hereafter referred to as Employer, and  
(Care Giver-not Spouse or Parent), hereby referred to as Employee, do hereby enter into the following agreement:

The Employer requires the following tasks and duties to be performed by the Employee:

The Employer agrees to provide or arrange for training and orientation of the Employee as described below:

The Employee agrees to perform the tasks as outlined in #1 above according to the schedule of:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday: \_\_\_\_\_  
Other:

An hourly wage of \$\_\_\_\_\_ with a deduction of 7.65% of the Employee's hourly wage for the Employee's share of Social Security benefits. An additional 7.65% will be paid by the employer. Additionally, Federal and State Income Taxes will be withheld. Unemployment Compensation benefits may or may not be paid on the Employee's behalf based on DWD guidelines.

**I understand that these services are provided under Medicare regulations and that I may not charge in excess of the amount agreed upon with this document.**

Timesheets are due to the MCFI Fiscal Agent per the payment calendar, after the Employee has performed the services per this agreement.

The Employee provides the following information as a condition of employment:

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer Signature: \_\_\_\_\_  
(may be signed by Participant and/or guardian)

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_