

San Bernardino County PUBLIC AUTHORITY IHSS CONSUMER AND PROVIDER JOB AGREEMENT

1. This job agreement is between:

Employer (print Consumer name) and Employee (print Provider name)

2. The consumer and provider agree to the following general principles.

The Consumer agrees to:

- Never ask Provider to perform any duties unless they are on the Notice of Action
- Assign and direct the work of the Provider
- Give the Provider advance notice, whenever possible, when hours or duties change
- Only ask the Provider to do work for the Consumer
- Sign the Provider’s time sheet if it reflects the hours that were worked
- Never ask Provider to clean up after pets

The Provider agrees to:

- Perform the agreed-upon tasks and duties (see Consumers Notice of Action).
- 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 below)
- Not make personal or long distance phone calls while at work
- Not ask to borrow money or ask for a cash advance
- Give the Consumer two weeks’ notice, whenever possible, before leaving the job

3. The Provider will be paid at the rate set by the County for IHSS Providers

4. The regular schedule for this job is shown below. Changes in the schedules days and hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

5. Consumer is not obligated to pay Provider for gas used to drive to shopping or medical appointments.

6. Call to see if Consumer has a Share-of-cost.

The Consumer and Provider, by signing this document, agree to the terms outlined above. If there is a change on the agreement, both parties will initial and date the changes.

Consumer Signature

Provider Signature

Date Phone Number

Date Phone Number