

**EMPLOYMENT CONTRACT
HOME SUPPORT WORKER**

BETWEEN: _____
Client and/or Supporting Person (Employer)

AND: _____
Home Support Worker (Employee)

RE: TERMS OF EMPLOYMENT

I _____ agree to accept the position of Home Support Worker
Home Support Worker
at an hourly rate of \$_____ per hour plus 4% vacation pay, less deductions for Canada
Pension Plan, Employment Insurance and Income Tax. I am responsible for providing Home
Support Services to _____.
Client's Name

I acknowledge and agree that _____ is my employer.
Client and/or Supporting Person's Name

It is also acknowledged that I have been advised and understand that neither the Department
of Health and Community Services nor Eastern Health is my employer.

Signatures:

Employer _____
Client and/or Supporting Person

Employee _____
Home Support Worker

Witness _____

Date _____