

COVID 19 - Paid Leave Work Agreement

This agreement is between:

Name/s of employer families:

Name of employee / childcare provider:

This agreement is valid: (start date) through (end date) and may be extended.

We are committed to creating a healthy and safe working environment for our families and our childcare provider. With the outbreak of COVID-19, we are providing paid leave to _____ to ensure the health and safety of her family and ours by practicing 'physical/social distancing'.

We agree to the following:

- The families will continue to pay Farm her base rate of \$_____/hour for _____ hours a day per family. We will pay her on _____ and coordinate drop off of checks.
- Each week, one of the families will call to check in with the childcare provider.
- When the situation changes and 'physical/social distancing' measures are reduced significantly, the families will ask the childcare provider to return to work.
- The childcare provider will not be required to use her sick leave or vacation time during this paid leave period.
- At the end of this agreement, the childcare provider will return to work, unless she is exhibiting respiratory illness, cold, or flu symptoms.

AGREEMENT

We, the employer families, agree to fully implement this work agreement.

Signature: _____

Printed name(s): _____ Date: _____

Signature: _____

Printed name(s): _____

I, the childcare provider, _____ agree to fully implement this work agreement.

Printed name(s): _____ Date: _____

Signature: _____

