

## Personal Assistant Agreement

Date \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

PA \_\_\_\_\_

Phone \_\_\_\_\_

### **Dates of Employment**

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

### **Salary**

\$ \_\_\_\_\_/hour

Payment will be initiated by \_\_\_\_\_ to \_\_\_\_\_  
(employer's name) (employee's name)

on a \_\_\_\_\_ basis.  
(weekly, biweekly, monthly)

### **Work Schedule**

#### **Day**

AM

#### **Time**

PM

Monday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_



Would you agree to be on the on-call list in case of an emergency? Yes \_\_\_\_ No \_\_\_\_

- Please provide one-day advance notice if you are unable to work on a scheduled day. A list will be provided to help you identify a replacement.
- The employer should also give one-day advance notice if services are not needed.
- Please provide at least 2 weeks notice prior to termination of services.
- The agreed upon required tasks are attached.

**Personal Assistants are a service of a personal nature and therefore the Center for Students with Disabilities serves as an agent to assist students in the recruitment of PA's, but does not assume any liability or financial responsibility for the provision of this service.**

As a PA you are undertaking a large responsibility for another person's quality of life. This agreement constitutes a commitment to punctuality, reliability, honesty, and open communication.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

PA Signature \_\_\_\_\_ Date \_\_\_\_\_