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 _________________