**LOVING HOME CARE OF GEORGIA, LLC**

***CONTRACT AGREEMENT***

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Pay: \_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_

I have negotiated and agreed on the above hourly pay with Loving Home Care of Georgia, LLC.

I also agree as well as understand the following statements:

* I am an independent contractor
* I accept this position with no ***Health Insurance Benefits/Worker’s Compensation and/or Unemployment Insurance***
* I accept this position with no mileage compensation
* I understand that Loving Home Care of Georgia, LLC does not pay weekend or night differential
* I accept and also understand that I am responsible for my ***Taxes***
* I agree to provide Loving Home Care of Georgia, LLC with proof of care liability insurance
* I agree to give Loving Home Care of Georgia, LLC adequate notice before requesting time—off
* I understand that time sheets must have **(original signatures of employee and client) -**

And must be mailed to Loving Home Care of Georgia, LLC or brought to the office no more than two days after being faxed in. If my time sheet is not faxed or brought into the office by the due date, I understand that there maybe a delay on my paycheck. All original time sheets that must be mailed in must be received within 5 business days.

I accept this position with the full understanding that I hold Loving Home Care of Georgia, LLC harmless and free of any liability.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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