

**EMPLOYER & EMPLOYEE AGREEMENT**

**Employer:** Home Companion Solutions, 10829 S. Western Avenue, Suite B, Chicago, IL 60643

**Employee:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Parties agree as follows:

**1. Duration of Assignment**

This contract shall have duration of \_\_\_\_\_ months from the date EMPLOYEE assumes his/her duties. The "TERM OF EMPLOYMENT")

**2. Job Description**

EMPLOYEE agrees to carry out the tasks as outlined in their job title/description.

**3. Work Schedule**

EMPLOYEE shall work \_\_\_\_\_ hours per week. He/She shall receive \_\_\_\_\_% more than the regular wages for any hours worked over this limit. His/her workday shall begin at \_\_\_\_\_ and end at \_\_\_\_\_, or, if the schedule varies by day, specify:

\_\_\_\_\_.

EMPLOYEE shall be entitled to \_\_\_\_\_ minutes per day of break time (lunch, coffee breaks etc.....)

EMPLOYEE shall be entitled to \_\_\_\_\_ day(s) off per week, on \_\_\_\_\_

**4. Wages and Deductions**

Home Companion Solutions (EMPLOYER) agrees to pay EMPLOYEE, every week for his/her work, wages of \$\_\_\_\_\_ per week, or \$\_\_\_\_\_ per hour.

EMPLOYER is responsible for Income Tax Withholding, Social Security and Medicare taxes and Federal Unemployment Tax Act (FUTA).

EMPLOYER is responsible for depositing income tax withheld and both the employer and employee social security and Medicare taxes.

EMPLOYER shall not recoup from EMPLOYEE, through payroll deductions or any other means, any costs incurred in recruiting or retaining EMPLOYEE. These include, but are not limited to, any amounts payable to a third-party recruiter.

**5. Mileage Expenses**

THE EMPLOYER agrees to pay The Employee .55 cents per mile for use of their own vehicle in the performance of their duties.

**6. Workers' Compensation**

EMPLOYER agrees to register EMPLOYEE under the appropriate state Workers' Compensation insurance plan.

EMPLOYER agrees not to deduct money from EMPLOYEE'S wages for this purpose.

**7. Notice of Termination of Employment**

Illinois is an "employment at-will" state, meaning that an employer or employee may terminate the relationship at any time, without any reason or cause. The employer, however, cannot discriminate based on race, color, religion, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental handicap, military service or unfavorable military discharge.

**8. Non-Solicitation of Clients**

EMPLOYEE agrees not to solicit or accept independently any clients of EMPLOYER during their employment with EMPLOYER and for a period of one year after termination of employment with THE EMPLOYER.

**\*\*\*CONTRACT SUBJECT TO STATE LABOR AND EMPLOYMENT LEGISLATION\*\*\***

Home Companion Solutions is obliged to abide by the standards set out in the relevant state labor standards act. In particular, EMPLOYER must abide by the standards with respect to how wages are paid, how overtime is calculated, meal periods, statutory holidays, annual leave, family leave, benefits and recourse under the terms of the Act. Any terms of this contract of employment less favorable to EMPLOYEE than the standards stipulated in the relevant labor standards act is null and void.

IN WITNESS WHERE OF the parties state that they have read, understand and accepted all the terms and conditions stipulated in the present agreement/contract.

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Signature of Employee

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Date

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Signature of Employer

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Date