



# Wisconsin's Self-Directed Supports Program

## Employer and Employee Agreement

I, \_\_\_\_\_ (IRIS Participant), hereafter referred to as employer, and \_\_\_\_\_ (caregiver, not spouse or parent), hereby referred to as employee, do hereby enter into the following agreement:

The employer requires the following tasks and duties to be performed by the employee:

The employer agrees to provide/arrange for employee training and orientation as described below:

The employee agrees to preform the tasks as outlined above according to the schedule of:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- Other: \_\_\_\_\_

for an hourly wage of \$\_\_\_\_\_ with a deduction of 7.65% of the employee's hourly wage for the employee's share of Social Security benefits. An additional 7.65% will be paid by the employer. Additionally, federal and state income taxes will be withheld. Unemployment Compensation benefits may or may not be paid on the employee's behalf based on Department of Workforce Development guidelines.

**I understand that these services are provided under Medicare regulations and that I may not charge in excess of the amount agreed upon with this document.**

Time sheets are due to the Financial Services Agency per the payment calendar, after the employee has performed the services per this agreement.

The employee provides the following information as a condition of employment:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_