iLIFE
iLIFE, LLC Fiscal Agent

Fiscal Agent
Employer/Client and Employee Agreement

Instructions: 1. Employer/Client completes the form.
2. Employer/Client and Employee sign at the bottom.

_____ (Employer/Client), hereafter referred to as Employer/Client, and

_____ (Employee), hereafter referred to as Employee, do hereby enter into the following agreement:

The Employer/Client requires the following tasks and duties to be performed by the Employee:

The Employee agrees to perform the tasks as outlined above according to the following schedule:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Other: _____

☐ Mileage (miles per week): _____

✓	Service Type	Pay Rate	Unit Type (hour, day, etc.)	Units/Week
	Daily Living Skills (DLS)			
	Respite Care (R)			
	Mentoring (M)			
	Child Care (C)			
	Other:			

We understand that we may not charge in excess of the amount authorized on the Employer/Client's plan. After the Employee has performed the services per this agreement, timesheets are due to iLIFE according to the Payment Schedule. Both signers agree to only submit timesheets within the hours authorized. Without prior approval, excess hours claimed above the authorization may be rejected for payment.

Employee Signature: _____ Date: _____

Employer/Client Signature: _____ Date: _____