

Massachusetts' Veterans Independence Plus Program (VIP)

AGREEMENT BETWEEN VETERAN/EMPLOYER OF RECORD AND SUPPORT WORKER

This agreement is entered into between _____,

who is the Veteran/Employer of Record, and _____, who is the Support Worker.

The Support Worker agrees to the following:

1. I am employed by the Veteran/Employer of Record.
2. I agree to perform the tasks on the attached Job Description and all other duties as directed by the Veteran/Employer of Record or his or her designee.
3. I agree that the total number of hours I am authorized to work for the Veteran/Employer of Record is _____ hours per month and I understand that I will not be compensated for any time worked beyond the authorized hours stated in this Agreement.
4. I agree to complete the Support Worker section of the time sheet on a bi-weekly basis in a manner that accurately reflects the number of hours of service delivered to the Veteran/Employer of Record.
5. I agree to submit my time sheets to the Veteran/Employer of Record or his or her Surrogate for his or her signature.
6. I understand that if I submit my time sheet late to the Veteran/Employer of Record or his or her Surrogate that my time sheet will be processed in the next payroll cycle.
7. I understand that Cerebral Palsy of Massachusetts is the Fiscal Intermediary for the Veteran/Employee of Record and that Cerebral Palsy of Massachusetts is responsible for processing my payroll.
8. I agree to be on time, to call the Veteran/Employer of Record or his or her Surrogate if I will be late or if I am unable to work at a scheduled time.
9. I agree to communicate with the Veteran/Employer of Record or his or her Surrogate openly about all work related issues.
10. I understand that I am neither a Support Worker nor an Agent of _____ (name of ASAP).
11. I release _____ (name of ASAP) from all responsibility and liability for any injury incurred or loss of property resulting from the delivery of service to the Veteran/Employer of Record.

The Veteran/Employer of Record or his or her designee agrees to the following:

12. I agree to pay the Support Worker an hourly rate of _____ for services delivered under this contract.
13. I understand that I cannot be paid as a worker if I am the Employer of Record's surrogate or legally responsible relative.

The following represents my relationship to the Employer of Record (PLEASE CHECK ONE):

- | | |
|--|--|
| <input type="checkbox"/> adult (18 yrs or older) child of Employer | <input type="checkbox"/> daughter-in-law of Employer |
| <input type="checkbox"/> son-in-law of Employer | <input type="checkbox"/> spouse of Employer |
| <input type="checkbox"/> other relative (describe) | <input type="checkbox"/> non-relative (describe) |

SIGNATURES

Printed Name of Veteran/Employer of Record

Signature of Veteran/Employer of Record

Date

Printed Name of Veteran/Employer of Record's Surrogate
(if applicable)

Signature of Veteran/Employer of Record's Surrogate
(if applicable)

Date

Printed Name of Support Worker

Signature of Support Worker

Date