Lake Chapala End-of-Life Care Community

Emergency Information Form 5 - Your Household Helpers/Staff

Record your household employees' and frequent helpers' information so that they can continue to be paid or notified of termination or suspension while you are incapacitated. Include your housekeeper, gardener, handyman and other people who help keep your household running.

☐ I have a Property Manager Name and Phone _____

Employee Name 1 _____ Phone _____

Employee Address _____

Date Hired _____ Length of Employment _____

Employee has formal contract? ◯ Yes ◯ No Location of contract _____

Type of Work/Duties _____

Work Days & Hours _____

Employee is paid: ◯ Hourly ◯ Daily ◯ Weekly ◯ Bi-Weekly ◯ Monthly

Wages are paid in ◯ Cash ◯ Bank Transfer ◯ By Manager Amount per pay period _____

I use pay receipts ◯ Yes ◯ No

I pay for the following benefits _____

Employee has keys? ◯ Yes ◯ No For which doors? _____

Will you leave goods or a financial gift for this staff person when you die? ◯ Yes ◯ No

If yes, please explain: _____

Employee Name 2 _____ Phone _____

Employee Address _____

Date Hired _____ Length of Employment _____

Employee has formal contract? ◯ Yes ◯ No Location of contract _____

Type of Work/Duties _____

Work Days & Hours _____

Employee is paid: ◯ Hourly ◯ Daily ◯ Weekly ◯ Bi-Weekly ◯ Monthly

Wages are paid in ◯ Cash ◯ Bank Transfer ◯ By Manager Amount per pay period _____

I use pay receipts ◯ Yes ◯ No

I pay for the following benefits _____

Employee has keys? ◯ Yes ◯ No For which doors? _____

Will you leave goods or a financial gift for this staff person when you die? ◯ Yes ◯ No

If yes, please explain: _____

Make copies of this form if needed.