

Cleaning Employee Contract Form

Employee Information

- Full Name: _____
- Address: _____
- Contact Number: _____
- Position: _____
- Start Date: _____

Job Responsibilities

Outline of specific cleaning duties, reporting requirements, and any areas of responsibility.

Task Description	Assigned Area	Reporting Frequency	Supervisor's Initials

Working Hours and Schedule

- Work Days: _____
- Shift Timing: _____

- Expected Weekly Hours: _____

Compensation and Benefits

- Hourly Rate: _____
- Payment Frequency: Weekly Bi-weekly Monthly
- Benefits Provided (if any): _____

Code of Conduct

- Dress Code: _____
- Safety and Hygiene Standards: _____
- Client Interaction Protocol: _____

Signature and Date

Employee Signature: _____

Employer Signature: _____

Date: _____