

Payment Contract Labor Form

This **Payment Contract for Labor Services** ("Agreement") is made on _____ (Date), by and between:

Employer Information

- **Employer's Name:** _____
- **Company Name:** _____
- **Business Address:** _____
- **Phone Number:** _____
- **Email:** _____

Worker Information

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Tax ID/Social Security Number:**

- **Job Title:** _____

Scope of Work

The Employer agrees to hire the Worker to perform the following services:

Compensation & Payment Terms

- **Payment Rate:** \$ _____ per Hour Day Week
- **Total Estimated Payment:** \$ _____
- **Payment Schedule:** Weekly Bi-Weekly Monthly Upon Completion

- **Payment Method:** Cash Check Bank Transfer

Work Schedule

- **Start Date:** _____
- **Expected Completion Date:** _____
- **Working Hours:** From _____ to _____

Termination & Refund Policy

- The employer may terminate the contract if the worker fails to meet performance expectations.
- The worker will be paid for completed work up to the termination date.

Signatures

Employer's Signature: _____ **Date:** _____

Worker's Signature: _____ **Date:** _____