

DOMESTIC HELP FORM HOUSEKEEPING

Insured Person:

Name: _____	Claim No.: _____
Address: _____	

Domestic Worker:

Name: _____	Phone No.: _____
Address: _____	
S.I.N. No.: _____	G.S.T. No.: _____

Days Worked: _____

		Jan.		Feb.		Mar.		Apr.		May		Jun.		Jul.		Aug.		Sep.		Oct.		Nov.		Dec.							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Duties Performed	Hours	Duties Performed	Hours
1) Sweeping, Mopping		7) Garbage Removal	
2) Dusting		8) Laundry, Ironing	
3) Vacuuming		9) Grass Cutting	
4) Clean Bathroom & Kitchen		10) Snow Shoveling	
5) Cooking		11) Grocery Shopping	
6) Washing Dishes			

Total Hours Worked: _____

Hourly Rates: \$ _____

Date: _____

Witness: _____
(signature)

Domestic Worker: _____
(signature)