

**EMPLOYER OF RECORD
SUPPORT WORKER
ENROLLMENT PACKET**

Employer of Record Support Worker Enrollment Packet Checklist and Instructions

Please read this checklist and instructions prior to completing the enclosed paperwork. Some of these forms must be completed by you, as the Managing Employer. Some of these forms must be completed by your support worker with your supervision. Initial the line in the “Completed” column as each item is finished and keep this checklist for your files. If you have questions, please contact the ABC Works Program Manager at 507/895-7161.

Support Worker Name _____

Initial when
Completed

- _____ 1. Employer of Record Support Worker information Form – to be completed by you. Fill in this form completely – NO blank spaces. **Return form to ABC Works.**
- _____ 2. After you have offered a position and it has been accepted, you should arrange a meeting with your new support worker. Tell them to bring the following items with them to this meeting.
- _____ A. Drivers license
- _____ B. Social security card
- _____ C. Any training the worker has completed that you want documented in their file – **Make copies of all of these. Return copies to ABC Works.**
- _____ 3. I-9 Employment Eligibility Verification – both you and your support worker complete this form.
- A. Your new support worker completes Section 1, signs and dates on the “Employee’s Signature” line.
- B. You fill in Section 2. The support worker should have brought a copy of his/her drivers license to you. Fill in information from the driver’s license under “List B”. The support worker should have brought a copy of his/her social security card to you. Fill in social security information under “List C”. Attach the document copies to the back of this form.
- Note: a drivers license and a social security card are the “easiest” documents to use for verification of eligibility, but see the back of form for lists of other acceptable documents. You must fill in the Certification section, signing and dating it. **Return form to ABC Works.**

- _____ 4. W-4 Employee's Withholding Certificate – to be completed by your support worker. At LEAST sections 1,2,3 and 5 must be completed – the rest of the form is a worksheet to help the worker determine their allowances. The support worker must sign and date the form. **Return form to ABC Works.**

- _____ 5. Background Study Form – to be completed by your support worker. Fill in this form completely. **Return form to ABC Works.**

- _____ 6. Direct Deposit Authorization – to be completed by your support worker. This is mandatory – ABC Works Employer of Record program only pays workers via direct deposit! Your support worker will be paid every other Friday. The paycheck will be directly deposited into the support worker's checking or savings account. In order for this to be set up, you must have your support worker sign this form AND attach the correct bank account information. **Return the form with attachment to ABC Works.**

- _____ 7. Time card – there are 5 blank timecards enclosed. You may keep one to make copies from or you may call ABC Works to obtain more when needed.
NOTE: You are responsible for obtaining a signed time card form your support worker at the end of every week. You must verify the hours and then sign the time card as well. Incomplete time cards will be returned for proper information and may delay payment of hours to your support worker. Time cards should be dropped off or faxed (507/895-3969) to ABC Works LaCrescent. Time cards received late (after 3:00 on Monday) WILL delay payment of hours to your support worker.

- _____ 8. Employer of Record Expense Report – keep to make copies of for your support worker if applicable.

- _____ 9. Information for Support Worker – give this to your support worker.

- _____ 10. Information of Reporting Maltreatment of Vulnerable Adults and Reporting Maltreatment of Minors – give these to your support worker.

- _____ 11. If this support worker will be driving during their working hours, you must make a written request to ABC Works for permission and obtain a copy of your support worker's vehicle insurance card. ABC Works will check the worker's DMV record and you will be notified in writing as to our decision. This can take anywhere from a day to a week after receiving your packet. **NO DRIVING DURING WORKING HOURS IS PERMITTED WITHOUT THIS!**

Employer of Record Support
Worker Information Form

Name of Person receiving support _____

Birth Date of Person Receiving Support ____/____/____ (this MUST be filled in)

Managing Employer Name _____

Managing Employer Address _____

Managing Employer Phone _____
(area code) (phone number)

Managing Employer e-mail _____

Submit Bills To: NOTE repeat your name and address if you are responsible for paying for the supports to be provided. If someone else is responsible for paying such as a Waiver program, fill in their information below. THIS ENTRY CANNOT BE LEFT BLANK!

Name _____

Address _____

County Case Manager Name _____ Phone _____
(area code) (phone number)

County Case Manager e-mail _____

Support Worker Name _____

Support Worker Address _____

Date to Begin Working ____/____/____

Estimated Work Hours Per Week _____ Wage Per Hour _____

Supports to be Provided _____

Signature of Managing Employer

____/____/____
Date

Signature of Employer of Record (ABC Works)

____/____/____
Date

EMPLOYER OF RECORD SUPPORT WORKER TIME CARD

Support Worker Name _____

Consumer Name _____

For the Week of ____/____/____ to ____/____/____

Instructions: Record the actual number of hours worked. All overtime hours must be pre-approved by the Managing Employer. Fax (507/895-3969) or drop off the time card for the previous week to ABC Works by the end of the workday every Monday.

SATURDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
SUNDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
MONDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
TUESDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
WEDNESDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
THURSDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____
FRIDAY ____/____/____	Time In _____ Time In _____ Time Out _____ Time out _____	Total Hours Worked For the Day _____

Only one calendar week per time card please!

TOTAL HOURS
FOR THE WEEK _____

Support Worker Signature _____

Managing Employer Signature _____

(signature verifies that these are actual hours worked)

Employer of Record Service

Information for Support Workers

1. Your Managing Employer, the individual who hired you, determines your job duties, pay and your work schedule. They will provide any training you may need to perform your job duties. They are your direct supervisor and any questions about the work you will be doing, requests for time off, questions about rate of pay or other work related issues should be directed to them.
2. You will receive blank time cards from you Managing Employer. Fill in the specific hours you worked on the days you worked each week. The workweek is Saturday through Friday. Do not put more than one week on a time card. At the end of your workweek, sign your timecard and give it to your Managing Employer. They will verify the hours, sign the time card and turn it in to ABC Works no later than Monday the following week.
3. If you work for more than one Managing Employer, you must use separate time cards for each one.
4. You are legally considered an employee of ABC Works, the Employer of Record. You will be paid by ABC Works every other Friday. Appropriate payroll taxes will be deducted from your paycheck according to the employment paperwork you complete.
5. You will be paid 26 times per year (bi-weekly) via direct deposit to your bank account. It is mandatory to be paid using direct deposit. If you do not currently have a bank account (checking or savings) you will need to set one up right away. All pay stubs will be mailed to you and you can expect to receive them on the designated Friday of payday. The timing of direct deposits into your bank account may vary by bank. You should call your own bank to find out when deposits are credited to your account.
6. You are not eligible for benefits from ABC Works.
7. If you have questions regarding your direct deposit paycheck, contact the Program Manager at ABC Works. ABC Works is not able to answer questions about your job duties or work schedule, refer those questions to your Managing Employer.
8. You may drive your vehicle as part of your job duties, only with prior approval from ABC Works as requested by your Managing Employer. This approval will be based on a driving record check and proof of insurance on the vehicle driven.
9. You must notify ABC Works immediately if you change banks so that we can assure your wages are deposited into the correct account.
10. You must notify ABC Works of any change of address so we can assure you receive your pay stubs, W-2 forms and other pertinent information.

Reporting Maltreatment of Vulnerable Adults

You are considered a mandated reporter and are required to report incidents of maltreatment of a vulnerable adult. A vulnerable adult is anyone 18 years of age or older who receives services from a licensed facility or home care agency, from a person or organization that provides personal care assistance services funded by Medical Assistance or regardless of residence or service received, possesses a physical or mental impairment such as mental illness, developmental disability, dementia, brain injury, chemical dependency or other physical, mental or emotional impairment that severely limits the individual's ability to provide self care without assistance and because of the impairment and need for assistance, the individual has an impaired ability to protect him/herself from maltreatment.

You are required to report any known or suspected incidents of maltreatment, which includes:
Abuse

- Sexual Abuse – any sexual contacts or criminal sexual conduct.
- Physical Abuse – hitting, slapping, kicking, punching, biting or any conduct that could reasonably be expected to produce physical pain or injury.
- Emotional/Mental Abuse – repeated or malicious verbal, written or gestured language toward a vulnerable adult that would be considered derogatory, humiliating, harassing or threatening.

Neglect

- Failure to provide food, shelter, clothing, healthcare supervision of the vulnerable adult

Financial Exploitation

- With legal authority a person fails to use the vulnerable adults financial resources for the vulnerable adult and this results in detriment to the vulnerable adult.
- Without legal authority a person willfully withholds, uses or disposes of the vulnerable adults funds by acquiring possession/control of the funds by undue influence, harassment, duress, deception, fraud or forces, compels or entices the vulnerable adult to perform services for the advantage of another.

If you have knowledge of or suspect maltreatment of a vulnerable adult you should report it immediately by contacting the numbers listed below. You will need to report identity information about the vulnerable adult and the alleged perpetrator including name, address, phone number, date of birth and any witness information. You will also need to describe the maltreatment in detail including date, time and location.

Reports should be made to:

Houston County	Monday – Friday 8:00 am – 5:00 pm	507/725-5811
	After Hours/Holidays/Weekends	507/725-3379

Reporting Maltreatment of Minors

You are considered a mandated reporter and are required to report incidents of maltreatment of a Minor. A minor is anyone under 18 years of age.

You are required to report any known or suspected incidents of maltreatment, which includes:
Abuse

- Sexual Abuse – any sexual contacts or criminal sexual conduct.
- Physical Abuse – hitting, slapping, kicking, punching, biting or any conduct that could reasonably be expected to produce physical pain or injury.
- Emotional/Mental Abuse – repeated or malicious verbal, written or gestured language toward a vulnerable adult that would be considered derogatory, humiliating, harassing or threatening.

Neglect

- Failure to provide a child with necessary food, shelter, clothing or medical care. Neglect also includes failure to provide appropriate supervision, educational neglect and exposure to threatening or endangering conditions.

If you know or have reason to believe a child is being abused or neglected or has been abused or neglected in the past three years, you should report it immediately by contacting the numbers listed below. You will need to report identity information about the child and the alleged perpetrator including name, address, phone number, date of birth and any witness information. You will also need to describe the maltreatment in detail including date, time and location.

Reports should be made to:

Houston County

Monday – Friday 8:00 am – 5:00 pm

507/725-5811

Or you may contact your local Law Enforcement Agency

**EMPLOYER OF RECORD
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Please read this checklist and instructions prior to completing the enclosed paperwork. These forms must be completed by you, as the Employer of Record. Initial the line in the “Completed” column as each item is finished and keep this checklist for your files. If you have questions, please contact the ABC Works Program Manager at 507/895-7161.

Initial when
Completed

- _____ 1. Managing Employer Information form – to be completed by you. Fill in this form completely – NO blank spaces. **Return form to ABC Works.**
- _____ 2. Insurance information – As the Managing Employer you must provide ABC Works with verification of homeowners or renters insurance. Call your insurance agent and get a ‘certificate of insurance’. Your agent will either give this to you to pass on to ABC Works or they may mail it directly to ABC Works.
- _____ 3. Read and sign the Agreement between Managing Employer and ABC Works. **Return signed copy to ABC Works.** ABC Works will return a signed copy to you.
- _____ 4. ADA, Equal Opportunity/Affirmative Action, Sample Interview Questions, Interview Questions that are prohibited – keep in your files.
- _____ 5. Workers’ Compensation Procedure and Forms – keep in your files.
- _____ 6. Support Worker Change Form – keep in your files.

Managing Employer
Information Form

Managing Employer Name _____

Managing Employer Address _____

Managing Employer Phone _____
(area code) (phone number)

Managing Employer e-mail _____

Name of Person Receiving Support _____

Birth Date of Person Receiving Support ____/____/____ (this MUST be filled in)

Submit Bills To: NOTE repeat your name and address if you are responsible for paying for the supports to be provided. If someone else is responsible for paying such as a Waiver program, fill in their information below. THIS ENTRY CANNOT BE LEFT BLANK!

Name _____

Address _____

County Case Manager name _____

County Case Manager phone _____
(area code) (phone number)

County Case Manager e-mail _____

Employer of Record Service General Information

ABC Works Employer of Record Service assists you in your efforts to direct your own supports. You recruit, interview, hire, determine wages, schedule and supervise your own support workers. ABC Works provides support with specific employment related tasks. You or your representative is considered the Managing Employer and ABC Works is considered the Employer of Record for your support workers.

Employment related tasks ABC Works provides include:

- Verifying citizenship
- Completing Department of Human Services Background Checks and driving record checks
- Issuing pay checks
- Withholding and filing required employment taxes
- Providing workers compensation and liability insurance
- Providing consultation on employment related issues as requested

To begin Employer of Record services, you, as the Managing Employer, and the support worker you are hiring must complete the enclosed enrollment packet **together**. A checklist with instructions is enclosed to guide you through this process. There are items for you to complete and there are items for your support worker to complete. Please note that there are copies of documents that need to be sent back with your packet.

All requested information in this packet must be completed before support workers start working. If you need help completing this packet, you may call ABC Works to arrange an appointment and we will assist you in person. This packet must be returned to ABC Works by delivering it or mailing it to ABC Works, PO Box 151, La Crescent, MN 55947.

Once the information packet is completed and the support worker has begun working, ABC Works will bill either you, as the Managing Employer, State Waivered Services or other funding source an amount equal to the support workers hourly wage plus 24%. The 24% covers the following employment related costs:

- The employers share of FICA/Medicare tax
- The employers share of federal (FUTA) and state (SUTA) unemployment tax
- Workers Compensation Insurance
- Overhead for ABC Works (cost of checks, paper, staff time, etc.)

Not included in the 24% are the following taxes, which, as required by law, are withheld from the support workers paycheck:

- The employee's share of FICA/Medicare tax
- The employee's federal income tax *
- The employee's state income tax *

* Income taxes cannot be determined in advance since they are based on the government W-4 form the support worker completes when hired. These taxes are the support worker's personal information and cannot be requested by the Managing Employer.

We are pleased to be supporting you in your efforts to direct your own supports. If you have any questions regarding ABC Works Employer of Record service, please call the ABC Works Program Manager at 507/895-7161.

Employer of Record Service Agreement Between Managing Employer and ABC Works

The responsibilities of the Managing Employer (you) and of the Employer of Record (ABC Works) are detailed below. Sign this copy where indicated and return it to ABC Works. Your signature indicates your understanding and acceptance of these responsibilities.

Managing Employer's Responsibilities:

1. Determine the qualifications and job description for your support worker.
2. Recruit, interview, complete any work reference checks, hire and schedule support workers.
3. Determine the support worker's rate of pay and inform the support worker of their wage.
4. Assume responsibility for the quality of services delivered by the support worker.
5. Assume responsibility for covering hours if the support worker is unable to work during the scheduled times.
6. Assume responsibility for all training of the support worker. The support worker must be paid at their regular wage during any training time.
7. Assure all information outlined in the Employer of Record Enrollment Packet and Employer of Record Support Worker Enrollment Packet is submitted to and approved by ABC Works before starting services.
8. Assure new support workers do not provide support to the consumer until a Criminal Background Study has been completed and the support worker has been approved by the State to provide supports. This may take up to a week or more to complete.
9. Adhere to all laws, rules, and regulations relating to employer/support worker relationships, including but not limited to the ADA, discrimination, defamation and sexual harassment.
10. Assume responsibility for reporting suspected or actual incidents of maltreatment under the Vulnerable Adult Act and the Maltreatment of Minor Act.
11. Provide work direction and supervision to the support worker. This includes resolving any grievances regarding work hours, job duties or job performance.
12. Notify ABC Works if you change the support worker's rate of pay and/or hours worked by submitting the Support Worker Change form with the effective date of the change.
13. Notify ABC works if the support worker's services will no longer be required by using the Support Worker Change form with the effective date of change.
14. Assure that the support worker completes a weekly time card (Saturday through Friday) for the correct hours worked. Obtain the support worker's signature on the time card, sign the time

card yourself and turn the completed and signed time card in to ABC Works no later than Monday of the following week by delivery, mail, fax or e-mail

15. Assume responsibility for using only the number of hours, rate(s) of pay, and total dollar amount approved by the county in the consumer's annual budget. Exceptions must be preauthorized by the county.
16. You may allow the support worker to drive a vehicle as part of their work duties **ONLY** with ABC Works' approval. **A request in writing** must be made to ABC Works with a copy of the worker's driver's license and proof of insurance on the vehicle to be driven. Approval will be based upon factors including, but not limited to, the support worker's driving record and proof of insurance. There may be a delay in receiving this approval due to investigation of these factors and driving is not allowed during this time.
17. Provide ABC Works with written verification of homeowners/renters insurance for liability purposes.

ABC Works Responsibilities:

1. Issue the support worker's paycheck every two weeks based upon the time card information submitted by the Managing Employer.
2. Submit information necessary to complete a criminal background study on the support worker and notify the Managing Employer when the support worker is approved to provide supports or if they have been disqualified and are not allowed to provide supports.
3. Withhold from the support worker's check all taxes as required by local, state, and federal governments. ABC Works will submit all withholdings to the appropriate governmental agencies as required by law, including the employer's share of social security taxes.
4. Maintain the information necessary to complete payroll, remit payroll taxes, and issue W-2 forms. ABC Works will not retain performance evaluations or information regarding the quality of the support worker's work.
5. ABC Works will complete and submit all information and reports as required by local, state, and federal government agencies.
6. ABC Works will track how many support worker hours are used each month and report this to the Managing Employer upon request.
7. ABC Works will insure the support worker for liability, workers compensation and unemployment.
8. ABC Works will provide informational support and guidance to the Managing Employer regarding employment questions.
9. ABC Works will report suspected or know incidents of maltreatment of vulnerable adults or minors.
10. ABC Works will provide, if requested, management in response to blood borne exposure incidents, such as referral for vaccination or record keeping.

Other Information:

1. Overtime must be paid when a support worker works more than 40 hours per week. The workweek is Saturday through Friday. Overtime will be paid at the rate of 1 ½ times the support worker’s normal rate of pay.
2. Additional expenses incurred by the support worker during work hours (mileage, meal reimbursement, activity fees, etc) will be the responsibility of the Managing Employer.
3. The support worker is not covered by ABC Works’ policy handbook and is not eligible for benefits, e.g. personal leave, extended disability leave, annual leave, paid holidays, health insurance, disability insurance, dental insurance, life insurance or retirement benefits through ABC Works.
4. The contractual relationship between the Managing Employer and ABC Works is not a contract with the support worker, who is employed at will.

Cost of Services

The Managing Employer will be billed for services rendered at a rate that equals the support worker’s rate of pay plus 24%. This 24% covers the legally required employer’s share of FICA, federal and state unemployment tax, workers compensation insurance, liability insurance and costs of completing payroll. ABC Works will bill the Managing Employer or third party payee (State, County, insurance, etc.) every two weeks with payment due immediately upon receipt of the bill. Any bill not paid within ten (10) days could result in termination of support services. **The Managing Employer is responsible for all costs not reimbursed by third party payees.**

If the Managing Employer utilizes ABC Works to conduct training of any kind, the Managing Employer will be charged a fee of \$40.00 per hour, due upon receipt.

Termination of Agreement

This agreement may be terminated at any time by providing written notice to either party. ABC Works may terminate Employer of Record Services due to non-payment of service costs by the Managing Employer or failure to comply with the terms of this agreement.

Grievances

If the consumer or their representative has a grievance they should contact ABC Executive Director at 507/535-7107. If they are not satisfied with the response of the Executive Director they may contact the President of the Board of Directors. Contact information for the Board President is available from the ABC Works office at 507/725-7161.

Signature of Managing Employer

_____/_____/_____
Date

Signature of Employer of Record (ABC Works)

_____/_____/_____
Date

**ACCEPTABLE EMPLOYMENT INTERVIEW QUESTIONS
UNDER EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES**

Subject Area	You can ask:	Do not ask:
Name	Are your previous work records under another name?	If a woman is a Miss, Mrs. or Ms., or to ask for maiden name
Residence	What is your present address?	Do you own or rent your home? How long have you resided at that address? What was your former address and how long did you reside there?
Birthplace	Will you be able to provide a birth certificate, resident alien card, or other proof of employment eligibility upon being hired?	Where were you born? Where were your parents born?
Age	If hired, can you provide proof that you are of legal age?	What is your date of birth? What is your age? What year did you graduate from high school?
National Origin/ Ancestry	ONLY if necessary to perform the job, you may ask what languages the applicant can read, speak or write fluently	What is your lineage, ancestry, national origin, descent, parentage or nationality? What is the nationality of your parents or your spouse?
Race/Color	NONE	What is your race? What color are your hair, eyes or skin?
Sex	NONE	Are you male or female? (or any other inquires that indicate sex)
Religion	NONE If you wish to know if an applicant is available to work Saturday or Sunday shifts, ask: "Are you available to work on Saturdays or Sundays, if needed?" You MUST ask this question of ALL applicants.	What is your religious affiliation or denomination? What church do you belong to? What is the name of your pastor, minister or rabbi? What religious holiday do you observe?
Citizenship	Are you a citizen of the United States? If not, are you prevented from becoming legally employed because of visa or immigration status?	Of what country are you a citizen? Are you or other members of your family naturalized citizens? If so, when did you or they become citizens? Do you intend to become a US citizen? Attach a copy of your naturalization papers to your application form.
Marital or Family Status	NONE An employer may ask all applicants if they have commitments or responsibilities that might prevent them from meeting attendance requirements or if they anticipate any lengthy absences from work	What is your marital status? What is your spouse's name? What was your maiden name? Are you pregnant? Do you plan to have children? What day-care provisions have you made for your children?

Subject Area	You can ask:	Do not ask:
Military Record	Are you a veteran of the Armed Forces? If yes, what type of training or education did you receive while in the military?	What type of military discharge did you receive? Were you ever disciplined while in the service?
Education	List your academic, vocational or professional education and the public or private schools you attended.	Are you a high school graduate? Unless having a high school diploma is a bonafide occupational qualification, asking whether an applicant has one may violate the law.
Arrests/Convictions	Have you been convicted of any crime? If the applicant form asks for this, it should indicate that a conviction itself does not constitute an automatic bar to employment and that the seriousness of the crime and the date of the conviction will be considered.	Have you ever been arrested? Just because someone has been arrested does not mean they were convicted of a crime.
References	Who referred you for a position here? List the names of persons willing to provide professional or character references for you.	What is the name of your pastor, minister or rabbi?
Organizations	List any professional, trade or service organizations in which you are a member.	List all social organizations, clubs, societies and lodges to which you belong.
Photographs	A photograph may be required after hire for identification or other ID purposes.	Submit a photograph with your application form or after the interview.
Disabilities	Are you capable of performing the necessary assignments of this position in a safe manner?	Are you handicapped?

NOTE: Job-related means related to ability to perform essential functions of job. Burden of proof for non-discrimination lies with the employer. SOURCE: Civil Rights Act of 1964, Title VII, as amended; Equal Employment Opportunity Act of 1972; Education Amendment of 1972, Title IX; Age Discrimination in Employment Act of 1967; Equal Employment Opportunity Guidelines, 1978 and revision; Americans With Disabilities Act, 1990.

Workers Compensation Injury/Illness Procedure

1. When an injury occurs, **BE SURE THE SUPPORT WORKER GETS THE PROPER MEDICAL ATTENTION** even if the injury appears to be minor and you are not sure how serious it is. Send the support worker to the doctor. You need to complete the upper half of the Medical Authorization form. The support worker needs to take the form to the doctor with them. The bottom half needs to be completed by the attending physician and returned with the support worker. Send the completed form to ABC Works Program Manager.
2. Call ABC Works Program Manager at 507/895-7161 as soon as possible after the injury.
3. The support worker needs to complete the First Report of Injury. This needs to be given to ABC Works Program Manager in LaCrescent within 24 hours of the injury. ABC will complete the necessary insurance form and send it to the workers' compensation carrier.
4. If you receive any bills, reports or other information in the mail regarding this claim, forward them to ABC Works.
5. If you have any questions during this process,

EMPLOYER OF RECORD SUPPORT WORKER CHANGE FORM

Use this form to report **ANY** changes regarding your support worker to ABC Works. Changes may include any of the following items: change in pay, increase or decrease in work hours. If the support worker is being terminated, please check "Yes" on the termination of employment line and explain below (explanation is required).

Managing Employer Name _____

Support Worker Name _____

What is the change taking place?

	FROM	TO
Change in pay:	\$_____ per hour	\$_____ per hour
Change in work hours:	_____ per week	_____ per week

Termination of employment: Yes, this support worker will no longer be working for me.

Please give a detailed explanation for any change being made: _____

When does this change take place (date)? _____/_____/_____

Signature of Managing Employer

_____/_____/_____
Date

Signature of Support Worker

_____/_____/_____
Date

ATTACH these forms:

Expense Form

1st report of injury

direct deposit

I-9

W-4