

## EMPLOYMENT PAPERWORK REQUEST FORM

Within 2 business days of receiving this form, Lifeworks will send the employee their employment paperwork via Paylocity.

|   |  |
|---|--|
| <b>PARTICIPANT FIRST (LEGAL) NAME</b>   | <b>PARTICIPANT LAST (LEGAL) NAME</b>                               |
| <b>PARTICIPANT PROGRAM – FMS</b><br><input type="checkbox"/> CDCS <input type="checkbox"/> CSG  | <b>Participant Program – CFSS</b><br><input type="checkbox"/> CFSS |
| <b>PARTICIPANT PROGRAM – 245D Basic</b><br><input type="checkbox"/> Respite <input type="checkbox"/> Homemaker <input type="checkbox"/> Individualized Home Support <input type="checkbox"/> Night Supervision                    |  |
| <b>PARTICIPANT PROGRAM - PCA</b><br><input type="checkbox"/> PCA Choice: <input type="checkbox"/> Parent(biological, adoptive, or step parent) <b>or</b> <input type="checkbox"/> Spouse <b>or</b> <input type="checkbox"/> Other |  |
| <b>SUPPORT MANAGER LEGAL NAME</b>   |  |
| <b>SUPPORT MANAGER EMAIL</b>  | <b>EMPLOYEE STATE OF RESIDENCE</b>                                 |
| <b>EMPLOYEE FIRST (LEGAL) NAME</b>  | <b>EMPLOYEE LAST (LEGAL) NAME</b>                                  |
| <b>EMPLOYEE EMAIL</b>   | <b>EMPLOYEE PHONE NUMBER</b>                                       |
| <b>EMPLOYEE DATE OF BIRTH</b> <i>Age pertains to eligibility to work in specific programs</i>   |  |

Please e-mail completed form to: [GetHired@lifeworks.org](mailto:GetHired@lifeworks.org), fax to: #651-454-2773, or drop it off at: 6636 Cedar Ave South, Suite 250, Richfield, MN 55423.

Please have employee reach out to Lifeworks at [GetHired@lifeworks.org](mailto:GetHired@lifeworks.org) with questions pertaining to the employment paperwork process.

Thank you!

### Self-Directed Hiring

Lifeworks Services, Inc.

p: 651-454-2732 | f: 651-454-2773