

EMPLOYMENT PAPERWORK REQUEST FORM

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

PARTICIPANT FIRST (LEGAL) NAME	PARTICIPANT LAST (LEGAL) NAME
PARTICIPANT PROGRAM - FMS CDCS CSG	
PARTICIPANT PROGRAM - 245D Basic ☐ Respite ☐ Homemaker ☐ Individualized	Home Support □ Night Supervision
PARTICIPANT PROGRAM - PCA ☐ PCA Choice	
MANAGING PARTY LEGAL NAME (signer of	the employee's I9)
MANAGING PARTY EMAIL	MANAGING PARTY PHONE NUMBER
EMPLOYEE FIRST (LEGAL) NAME	EMPLOYEE LAST (LEGAL) NAME
EMPLOYEE EMAIL	EMPLOYEE PHONE NUMBER
EMPLOYEE DATE OF BIRTH Age pertains to	eligibility to work in specific programs

Please email completed form to: <u>GetHired@lifeworks.org</u>, 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 <u>GetHired@lifeworks.org</u> with questions pertaining to the employment paperwork process.

Thank you!

Self-Directed Hiring

Lifeworks Services, Inc. p: 651-454-2732 | f: 651-454-2773