

EMPLOYMENT PAPERWORK REQUEST FORM

Within 2 business days 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 - CFSS
PARTICIPANT PROGRAM - 245D Basic ☐ Respite ☐ Homemaker ☐ Individualized Home Support ☐ Night Supervision	
PARTICIPANT PROGRAM - PCA □ PCA Choice: □ Parent(biological, adoptive, or step parent) or □ Spouse or □ Other	
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 e-mail 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