



255 Executive Drive, Suite 309
Plainview, New York 11803
Tel: (516) 338-8777 Fax: (516) 338-9099

New Hire/Title and Salary Request

****This form is used for an already cleared staff person being hired by a NEW Participant****

This form must be submitted before the New Hire is authorized to begin working the new case

Date: _____

Name of Participant: _____

Participant/Designee Email: _____

Participant/Designee Tel#: _____

Name of NEW Hire: _____

NEW Hire Email: _____ Tel: _____

Anticipated Start Date: _____

Please allow a minimum of 5 business days to process new hire requests.

Program Applicant is being Hired for: Community Habilitation Respite

Hourly Rate: Community Habilitation \$ _____ Respite \$ _____

Rate must be included in participant's current approved budget.

Hours applicant will be working per week: Community Habilitation _____ Respite _____

Applicant may not work more than 40 hours per week cumulatively.

Signature of Participant/Designee

Date(mm/dd/yy)

Signature of New Hire

Date(mm/dd/yy)

This form can be faxed to (516) 338-9099 or emailed to selfdirection@a1universalcare.org Attn: Human Resources

FI Processing: Received Date:

Approval Date:

Signature:

"Empowering People to Unlock their Potential"