# Self-Direction Notice of Employment Form

Employee Name: _____ Participant Name: _____

The Notice of Employment Form (NOE) should be filled out for any of the following situations:

- For initial employment or when activating a Self-Hired Staff, that had previously been cleared by AIM
- Anytime the employee's pay rate or average scheduled hours changes
- Anytime the employee's status changes (Full-time, part-time, per diem)
- You are no longer working with an employee

Staff Connection:

To begin the change of pay process, AIM Services requires a completed Notice of Employment Form and a New York State approved Self-Direction budget that incorporates a rate equal to or higher than the employee's payrate indicated below.

**The employee payrates indicated below must be included in your approved Self-Direction Budget.**

**Participant/Employee Specific Information:**

| Community Habilitation (CH) | Respite | Support Employment (SEMP) |
|---|---|---|
| ☐ Add ☐ Remove ☐ Payrate Change | ☐ Add ☐ Remove ☐ Payrate Change | ☐ Add ☐ Remove ☐ Payrate Change |
| $ | $ | $ |
| Average hours per Week: | Average hours per week: | Average hours per week: |

Differential Payrate: A differential is a change (greater or less) in the rate of pay that you have contracted for that specific support. Differentials can be used to support an increased rate of pay for the weekends or overnights to encourage staffing hours. Reasoning and use of the differential is your choice and should be discussed with your support team. AIM Services is able to assist you by supporting one differential pay rate per service provided.

| Differential Payrate | |
|---|---|
| Community Habilitation (CH) | Respite |
| $ | $ |

**General Employee Information:**

Employee Status: Indicate the employee's status at AIM Services; this includes all hours of staff support provided (including with other individuals).

Average Hours with all people supported at AIM Services:_____

| Status | | |
|---|---|---|
| ☐ Per Diem | ☐ Part-time | ☐ Full-time |
| 1-19 hours per week as needed | 20-34 hours per week with a set schedule | 35-40 hours per week with a set schedule |

Authorization: Both signatures are required to begin processing the Notice of Employment Form

Employee Signature: _____ Date: _____

Participant/Representative Signature: _____ Date: _____

Benefit Information will be offered to all eligible employees
Employees must maintain their scheduled hours to continue to receive the associated benefits