



Self-Direction Notice of Employment Form

Employee Name: _____ Participant Name: _____

Start Date of Employment Status: _____

This form should be filled out prior to employment and sent back with the New Hire Paperwork or before a rate change. Should the employee's hours change resulting in a status change and/or rate change during the course of employment, this form will need to be completed and re-submitted to SelfDirectionHR@aimservicesinc.org

****Please note the rate indicated above must be less than or equal to the rate indicated in the budget****

If Self-Direction HR is not officially notified, the status change and/or rate change cannot be processed until the form is received.

Pay Rate: Com Hab \$ _____ Respite \$ _____ SEMP \$ _____

AIM Services Inc is able to assist you by supporting 1 differential per service provided. A differential is a change (greater or less) in the rate of pay that you have contracted for that specific support. Many people use differentials to support an increased rate of pay for weekends, or overnights to entice staffing hours. Reasoning and use of differential is your choice and should be discussed with your support team.

Com Hab Differential \$ _____ Respite Differential \$ _____

Employee Status: Indicate the employee status and provide the anticipated average hours by service per week.

Per Diem (1-19 hrs)

Hours per week by service: Com Hab _____ Respite _____ SEMP _____

Part-Time (20-34 hrs.)

Hours per week by service: Com Hab _____ Respite _____ SEMP _____

Full-Time (35-40 hrs.)

Hours per week by service: Com Hab _____ Respite _____ SEMP _____

Working with multiple participants to meet Full Time status

Indicate Employee Schedule:

Employee must have a set schedule to be eligible as Part-Time or Full-Time. Please provide a general schedule of supports below.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

Schedule: Indicate start and end time for each day the employee will be working (must have at least one day off a week)

Please Note:

- If employee works with more than one participant, this form must be completed for each participant they provide services for.
- Due to our limited ability to backdate employment statuses, we can only backdate a status update to the first of the current month that we receive the status form change. **Rates cannot be backdated.**
- The current maximum payrates are as follows; \$28.00/hr Com Hab \$17.00/hr respite.

**** Employees must reach out to Self-Direction HR for enrollment information.**

Employee Signature: **Date:**

Participant/ Representative Signature: **Date:**

AIM HR USE ONLY:

This employee works with multiple participants.

Status: _____ Effective Date: _____

BOTH SIGNATURES ARE REQUIRED IN ORDER TO BE PROCESSED