



New Hire Form

(To be used for an ISS active staff being hired by a new participant)

Name of Participant: _____

Participant or Designee email: _____

Participant or Designee Contact Number: _____

****Is the Participant under the age of 18: _____ YES _____ NO**

****Central Database Registry form required to clear staff to work with anyone under the age of 18****

Is this New Hire replacing a staff that no longer works for this Participant? _____ YES _____ NO

If yes, please provide the name of the staff(s) that is no longer working:

Name of New Hire: _____

*****Is this new hire a guardian or standby guardian? _____ YES _____ NO**

*****Is the new hire a family member of the participant? _____ YES _____ NO**

*****If so, what is the relation to the participant? _____**

*****Does the new hire reside at the same address as the participant? ? _____ YES _____ NO**

New Hire email: _____

New Hire Contact Number: _____

Anticipated Start Date of Position: _____

(Once we receive a new form, we will send a pay rate notice to the new hire in which they need to review, sign, and return to the HR department, we will send an email clearing the staff once received.)

If approved what position/ title (Please put an X next to the position):

____ Self-Hired Comm Hab _____ Self-Hired SEMP _____ Self-Hired Respite

____ Paid Neighbor-CH _____ Live-in Caregiver-CH _____ Self-Hired Staffing Support-(IDGS-Lead Staff)

If approved what salary will the new hire start at: \$ _____

Signature of Participant or Designee/ Date

Form must be submitted 2 weeks prior to the first pay date otherwise new hire might not be paid until the following pay date.

This form should be emailed to hr@issny.org

11/20 ttb