RETAIN THESE ORIGINALS

MAKE COPIES FOR EACH NEW EMPLOYEE MAKE EXTRA COPIES OF TIMESHEETS

IMPORTANT

YOUR EMPLOYEE <u>CANNOT</u> BE HIRED UNTIL
CLEARED BY THE CDS OFFICE

YOUR EMPLOYEE <u>CANNOT</u> BE PAID FOR HOURS
WORKED PRIOR TO APPROVAL BY THE CDS OFFICE

TO CLEAR AN EMPLOYEE TO WORK, WE NEED THE DOCUMENTS LISTED ON "STEP 1" ON THE NEXT PAGE

SUBMIT YOUR EMPLOYEE PAPERWORK TO

EMAIL: NewHires@cdsintexas.com

FAX: 1-877-726-4919 or 1-210-785-3479

For questions or information about your employee application call: 1-866-675-7331 or 1-210-798-3779 Extension 1691



Employee Hiring Checklist



Date: **General Information** PAGE 1 All of the employee forms are available on our website at www.cdsintexas.com Employer Name: or call our office to have them mailed, faxed, or emailed to you. The main Client(s): number is 866-675-7331 or 210-798-3779. Applicant: Step One (**Review the list of forms that are required BEFORE your employee can start work) Completed Description Form 1725 Criminal History and Registry Check 1728 Liability Acknowledgement 1729 Applicant Verification - Includes CPR for CLASS and CPR/First Aid for DBMD and MDCP 1734 Certificate of Relationship 1-9 **United States Employment Verification** W-4 Employee's Pay Check Tax Election Form *1747 Any licensed professional: we will need to be able to verify a current license. Nursing, employees cannot begin working until the appropriate Form 1747 is on file. *CPR CLASS: Hands on CPR; DBMD: Hands on CPR/First Aid; MDCP: CPR/First Aid (can be online) 2 Proofs of Residence For HCS and TxHmL only (Utility bill, lease agreement, voter registration) CLASS, HCS, DBMD, MDCP, TxHmL, CFC: Make sure you review the section on the Form 1735 1735 Addendum which explains the requirement for a high school diploma or GED, or if one is lacking, what additional documentation you need to obtain from your employee. Note: You do not need to provide us with the diploma/GED; however, you must have it in your personnel files for review with your CM, SC or utilization review nurse. If this employee will be providing professional services, please contact your HR Coordinator. 1747 If providing Nursing, a LVN will need to have a Supervisor. Form 1747 must be completed for all nurses. The LVN is not eligible to work and cannot be paid for hours worked prior to the Supervisor's signature date on the Form 1747. Check with your HR Coordinator to see if you need to have additional nursing documents sent to you. With the exception of the MDCP program, all nursing or professional services (OT, PT, ST) provided must have a plan of care signed by a physician. Services that can now be self-directed in many programs include nursing, PT, OT, SP, CRT (Cognitive Rehabilitation Therapy), Employment Assistance, and Supported Employment. There are special qualifications that must be met for

these employment categories. See the appropriate Form 1735 Addendum for a complete list of those services that can be self-directed in your program and for details on employee qualifications.

***Important

You will first be notified that your employee has or has not passed the background checks. This does not mean they can start work. They must meet all other qualifications before working. If CPR or first aid is a requirement, your employee will not be paid for hours worked prior to receiving those certifications. If you are a new client, your employee cannot be paid for hours worked prior to the authorized start date for your employee. ***We will process the initial documents in Step One within 2 business days. If you have not heard from us within that time frame please contact our office.

Fax to: 877-726-4919 or 210-785-3479 or Email: NewHires@cdsintexas.com



Employee Hiring Checklist

152	LifeSpan
	HOME CARE

-	HOME CARE
Date:	

General Information PAGE 2 **Employer Name:** Client(s): Applicant: **Step Two** Send in the documents listed in Step One. Your HR Coordinator in the New Hire Department will notify you when your employee is cleared to work. If you do not hear within 2 business days, please contact the office. Your paperwork may not have been received. Your employee cannot work until a start date is provided by the New Hire Department. Step Three (When your applicant has been approved to work, send in the remaining forms listed below) Completed **Form** Description 1731 **Employee Work Schedule and Assigned Tasks** 1732 Management and Training of Service Provider (Must provide training detail) 1732 EMR EMR Notice to Employee (A copy must be provided to your Employee) 1733 Exemption from Nursing License. Review form. Sign top section of page two. If your attendant will be providing any of the services listed under "Examples," or if your employee will be working delegated nursing tasks you will need to complete bottom section of this form. 1737 **Employer and Employee Service Agreement** 1739 Service Provider Agreement **SPI Form** Service Provider Information on Employment and CDS in Texas **NHR** Texas Employer New Hire Reporting Form Direct Deposit or Payday Card - Please choose one method of payment for your employee **DD Form** 1727 Occupational Exposure to Blood borne Pathogens 1724 New Employee Packet Cover Sheet Employee Physical Profile (Optional) Skills Competency Checklist (Optional to use with Form 1732) If used write "See attached detail" in Section II of the Form 1732. **Notes**

***Important

You've done 1-3 above. Can your employee start work? If you are new to CDS, be sure to verify that your "start date" with CDS has been approved. You can check with our Intake Coordinator at ext. 1690 or your Service Advisor (general mailbox is ext. 1693). Being qualified to work does not mean that your new employee can start work if your CDS service plan date has not been approved or if the Start of Care date has not been reached. Please remember, your Employee cannot start working until a start date is provided for the employee. ***Once all documents are reviewed and corrections are received, the Budget team will determine an approved pay rate for your employee. The New Hire Coordinator will then send you a 1730 to review with your employee and sign, along with your employee. Once signed, please return the signed 1730 to the New Hire Department to complete the employee packet.

Fax to: 877-726-4919 or 210-785-3479 or Email: NewHires@cdsintexas.com



Consumer Directed Services New Employee Packet Cover Sheet

Name of Individual Receiving Services					Employer Name				
Employee	Name								
Date of H	ire			First I	Day of Wo	ork			
Employ	ver Agency	FMSA		Doci	ument D)es	scription / Form Information		
Before	Hire: (1) Origin	al or Copy fo	r Employer's Personnel Fi	les ar	nd (2) (Ori	ginal or Copy to FMSA		
	HHSC		HHSC Form 1725, Crimina	al Conv	iction Hi	isto	ory and Registry Checks		
	ннѕс		HHSC Form 1729, Applica HHSC Form 1734, Service				Employees; ployer Certification of Relationship Status for CDS		
	USCIS		USCIS Form I-9, Employm	nent Eli	gibility V	′eri	ification		
	HHSC		HHSC Form 1728, Liability	/ Ackno	wledger	me	nt		
	HHSC		Professional license veri	ficatio	n (nursin	ng,	professional therapies)		
At Time	of Hire: (1) Or	iginal or Cop	y for Employer's Personne	el Files	and	(2)	Original or Copy to FMSA		
	IRS						owance Certificate — Due before first payroll check is ment Services Agency (FMSA) on date of hire.		
	OAG		Texas Employer New Hiri	ing Re	porting	Fo	rm (www.employer.texasattorneygeneral.gov)		
	ннѕс		HHSC Form 1730, Wage and Benefits Plan Employee Compensation, and any court-ordered garnishment(s); HHSC Form 1731, Employee Work Schedule and Assigned Tasks; HHSC Form 1737, Employer and Employee Service Agreement; HHSC Form 1739, Service Provider Agreement						
	ннѕс						Imonary resuscitation (CPR) certification — Effective ntained. Verify again before expiration date.		
	ннѕс		Texas Department of Public expiration date.	olic Saf	fety driv	er'	's license (if transporting client) — Verify again before		
	HHSC		Proof of minimum auto ir	nsuran	ce (if tra	ıns	porting client)		
	CDC OSHA		HHSC Form 1727, Occupa Vaccination and Universal			e t	o Bloodborne Pathogens (Acknowledgement: Hepatitis B		
	TWCC		Notice to Employees Cor	ncernir	ng Work	ers	s' Compensation in Texas (TWC Notice 5)		
	HHSC		If hiring a nurse: HHSC F	orm 17	747, Ack	no	wledgment of Nursing Requirements		
	CDS HHSC						and Employee Acknowledgement of Exemption from rered through Consumer Directed Services		
	ннѕс		HHSC Form 1732, Manage conducted within 30 days of		and Trai	inir	ng of Service Provider — Initial training must be		
Ongoin	g: (1) Original o	or Copy for E	mployer's Personnel Files						
	ннѕс		HHSC Form 1732, Management and Training of Service Provider — Evaluation, employment status changes, documentation of training, documentation of conflict and job performance issues. (The employer must send the original or a copy to the FMSA within 30 calendar days of an initial orientation or annual evaluation and when an action affects the service provider's continued status with the employer, e.g., termination, change in payment.)						
	ннѕс					d T	Training of Service Provider Addendum — Must be signed		
			by the employee within five			n 1	1745, Service Delivery Log with Written Narrative/Written		
	HHSC		Summary, or facsimile app						
	Vendors		Receipts and invoices						
Code		Actio	n		Code		Agency		
				I	CDC	- L	Centers for Disease Central and Draventien		

Code	Action
✓	Employer checks off each item for the personnel file and retains original or copy.
✓	Employer checks each required item when completed and sends original or copy to the FMSA as indicated. Employer retains original or copy.
	Items the employer is not required to send to the FMSA, but which the employer must maintain on file in the employee's personnel file .

Code	Agency
CDC	Centers for Disease Control and Prevention
CDS	Consumer Directed Services
HHSC	Texas Health and Human Services Commission
IRS	Internal Revenue Service
OAG	Office of the Attorney General, State of Texas
OSHA	Occupational Safety and Health Administration
TWCC	Texas Workers' Compensation Commission
USCIS	U.S. Citizenship and Immigration Services (formerly known as the INS, Immigration and Naturalization Services)
·	·



Consumer Directed Services

Criminal Conviction History and Registry Checks

The applicant is a person under consideration for hire as a service provider in the CDS option (employee or independent contractor [when required]). This form covers only criminal history conviction history and registry checks.

Note: An applicant may not be hired by the CDS employer, and must not start providing services for payment, until and unless the required criminal history and registry checks are conducted, in addition to other employee qualification checks. The CDS employer and Financial Management Services Agency (FMSA) review the results of all required qualification checks to determine that an applicant can be hired. This form is signed by the FMSA.

Section I - Applicant Authorization and A	Acknowledgment (A	Applicant must comp	lete this section.)
I, (applicant's printed name) criminal conviction history, to check the requexcluded from participation in Medicaid (LE the Consumer Directed Services (CDS) optiperson from employment in a health care se	IE) monthly as part o ion. I also understan	of my application as a d that a criminal conv	viction or a registry listing that prohibits a
I understand I may not begin delivering serv	ices until the FMSA	and Employer confir	m that I meet all qualifications to be hired.
Applicant Information Required by the To	exas Department of	f Public Safety (DPS	(Applicant must complete this section.)
Individual's Name (Last, First, Middle)	Alias		Maiden Name
Date of Birth (mm/dd/yyyy)		Social Security No.	
Signature - A	• •	Varification Drago	Date
Section II - Criminal Conviction History C Individual's Name	neck and Registry	Employer Name	s (Employer must complete this section.)
muividuai s Name		Employer Name	
Criminal Conviction History Check (Chec	ck each box to cert	ify agreement):	
I request that my FMSA obtain a current Crireimbursed for the cost of obtaining the DPS from my budgeted funds. I understand that if I request the report, the I	Criminal Conviction H	listory Check and if I re	quest the report, the cost of sending the report
certified mail.	parts obtained by my E	MSA and the informati	ion they centain are confidential information
_			ion they contain, are confidential information.
			r I make the hiring decision. Paper records need specialized software to copy over the data are
☐ I understand that sharing of criminal history in	nformation with any pe	rson or agency may be	prosecuted as a Class A Misdemeanor.
I understand I may not allow the applicant to be hired.	begin delivering service	es until the FMSA and	I confirm the applicant meets all qualifications to
Signature - E	Employer		Date
Registry Check			
I request that my FMSA obtain the applicant annually.	•		
entities (LEIE).			tate and federal lists of excluded individuals and
I also understand that the applicant cannot p checks are completed and my FMSA has no			ram funds until the criminal history and registry ations.
Signature - F	mployer		

Encrypted email (No longer an op	otion)							
Certified mail (No longer an option)								
Date of Employer Request								
Section III - Criminal Conviction H	9 9	Results (FMSA	A must complete	this section.)				
DPS Criminal Conviction Criminal	History Check							
Date FMSA received Form 1725 with em	ployer selection for criminal histo	ory results:						
Date of DPS Check			Time (specify a.m	. or p.m.)				
Obtained By			Convictions:	☐ Yes ☐ No				
DPS approved dissemination method use	ed to inform employer of results:	Date FMSA st	aff notified employe	er:				
Verbally	, ,	FMSA staff:	1 7					
Encrypted email								
Certified mail								
☐ Did not specify method								
If yes, does the conviction(s) prohibit section 250.006(a), or Section 250.00				Chapter 250, Yes No				
Within five calendar days after the hiri DPS whether or not hired or retained	•	•	•	ord information obtained from				
Date report was destroyed:								
Date employer notified FMSA of hiri	ng decision:							
Registry Checks (Conduct search at	t emr.dads.state.tx.us/Dads	EMRWeb/)						
Date of Registry Checks Time	e (specify a.m. or p.m.)	Obtained By		Employer				
				FMSA Representative				
Employee Misconduct Re	egistry: No Record	Record (must	not be hired or re	etained)				
Nurse Aide Re	egistry: No Record	Record (must	not be hired or re	etained)				
Medicaid Exclusion	on List: No Record	Record (must	not be hired)					
Certification - I acknowledge that the	e applicant's DPS criminal co	nviction history	and registry reco	ord were checked.				
The applicant is is not eligible	ble for hire, to be retained for	service delive	ry based on the c	hecks above.				
Signature - FI	MSA Representative			SA notified the employer or gnated Representative				

I request that the FMSA provide the criminal history to me:

FMSA and Employer Must Each Keep Original or Copy of This Form

This form is required for all initial name-based search inquires. Agency shall retain tracking form for all name-based inquiries from audit to audit.

DPS Compute	erized Criminal History (CC	H) Verific	cation Form			
Section 1: Applicant	or Employee must acknowledge informa	tion. Signatur	e & date required.			
Applicant or Employe	e Name (Print):					
(This is	not a consent form but serves as inforn	nation for the	applicant)			
Department of Public S	Computerized Criminal History (CCH) check no Safety Secure Website and may be based on na individual's criminal history data may be f	me and DOB id	entifiers. Authority for this			
identification to crimin history check is not al	ion is not an exact search and only fing al history record information (CHRI), therefore lowed to discuss with me any CHRI obtained at I also have a fingerprint search performed t DOB search.	the organization the name	on conducting the criminal ne and DOB method. The			
Services of Texas (FA Safety (texas.gov) Revi Vendor at 1-888-467-2	the fingerprint process, I must make an app ST) as instructed online Crime Records Gen iew of Personal Criminal History - Employmen 080, submit a full and complete set of fingerprise of \$25.00 to the fingerprinting services con	eral Information t Purposes or by ints, request a c	n Department of Public r calling the DPS Program			
Once this process is c with me.	ompleted the information on my fingerprint o	criminal history	record may be discussed			
Applicant or Employ	ee Signature:		Date:			
Section 2: Agency u	se only.					
Agency Name:						
Authorized User:						
Signature of Authoriz	zed User:					
Date of Name-Based	CCH Search:					
Section 3: For agence	y use only. CCH Tracking information. C	heck all that a	pply.			
Purpose of CCH	☐ Employee ☐ Volunteer/Contracte					
CCH Storage	☐ No, CCH is not stored by agency. ☐	Yes, CCH is	stored by agency.			
Retention Period	☐ Temp Only ☐ Annual ☐ None in place ☐ Not Applicable ☐ Other:					
Storage Method	☐ Physical/Printed ☐ Digital/Elec	etronic \square N	ot Applicable			
Retention Purpose	Explain:					

CJIS Launch Pad Link - CHRI & Audit Resources

Date Destroyed
Destruction
Method of CCH

Explain:

Date

Consumer Directed Services

Liability Acknowledgement

Liability Acknowledgement Between the Employer and the Applicant for Employment

The person who receives services or the person's legally authorized representative (LAR) is the employer in the Consumer Directed Services (CDS) option.

The employer hires, manages and terminates service providers employed as employees. The employer is solely responsible and liable for any negligent acts or omissions by the employer, the employee, other service provider(s) or contractors, the person who receives services, and if applicable, the employer's designated representative.

Employees or service providers are **not** employed or retained by the Texas Health and Human Services Commission (HHSC), any other state or federal governmental agency or by the Financial Management Services Agency (FMSA).

As an applicant for employment through the CDS option, I acknowledge I have read and understand the above information about the employer and employee liability. Signature - Employer Date Signature - Applicant for Employment Date The employer must sign Liability Notice to Applicants for Employment Section I The employer: is a subscriber of Texas Workers' Compensation through the Texas Department of Insurance, Division of Workers' Compensation. is not a subscriber of Texas Workers' Compensation through the Texas Department of Insurance, Division of Workers' Compensation. Employer completes Section II if this option applies. Section II Employer checks the correct option if the employer is not a subscriber to Texas Workers' Compensation. I have made the following arrangement(s) for employee work-related injuries or illnesses: self-insurance, homeowner's personal liability insurance, renter's personal liability insurance, medical coverage insurance, risk pool insurance, other: I have **no** insurance or other protection against employee work-related injuries or illnesses for my employee(s). Acknowledgement by Employer and Applicant for Employment I acknowledge I have read and understand the information in Section I and in Section II.

Date

Signature - Applicant for Employment

Signature - Employer

The employer must sign



Consumer Directed Services **Applicant Verification for Employees**

Person's Name Employer Name								
Applicant's Name Applicant Social Security No.								
The employer must verify the applicant meets each criterion. The employer must ensure the following forms or copies of documentation used to verify the criteria are valid and kept in the employee's personnel file. This form and supporting documentation must be sent to the Financial Management Services Agency (FMSA) for verification before the employer can hire the applicant.								
Employment	Qualifications							
☐ The applicant is at least 18.								
☐ The applicant is not disqualified based on a Yes response on Form Status for CDS.	1734, Service Provider and Employer Certification of Relationship							
☐ The applicant is not barred from employment based on the results of the Texas Department of Public Safety (DPS) criminal conviction history check, the Texas Health and Safety Code Chapter 250 registry checks, or the Medicaid exclusion list (Form 1725, Criminal Conviction History and Registry Checks).								
The applicant has completed Form 1728, Liability Acknowledgemer	nt.							
The applicant has read Notice Concerning Workers' Compensation	in Texas (TWC Notice 5).							
The applicant has current cardiopulmonary resuscitation (CPR) and (MDCP) flexible family support and respite services.	first aid certification for Medically Dependent Children Program							
The applicant has current hands-on CPR, first aid and choking prevention certification, if providing services in the Deaf Blind with Multiple Disabilities (DBMD) Program.								
The applicant has the following educational qualifications if providin MDCP, Texas Home Living (TxHmL) or Community First Choice (C	g services for DBMD, Home and Community-based Services (HCS), FC):							
a high school diploma or a certificate recognized by a state as th	e equivalent of a high school diploma; or							
 documentation of a proficiency evaluation of the employee's exprovide the services needed by the individual, as demonstrate 	xperience and competence to perform job tasks, including an ability to d through a written competency-based assessment; and							
 at least three personal references from people not related by be environment for the person. 	lood who evidence the person's ability to provide a safe and healthy							
The applicant has the following qualifications if providing services for	or DBMD:							
• is fluent in the communication methods used by the person, such as American Sign Language, tactile symbols, communication boards, pictures and gestures or has the ability to become fluent in the communication methods used by the person within three months after working with the person.								
FMSA Ce	ertification							
	ent. Only applicants who meet all qualifications may be employed.							
Acknowl	edgement							
	The applicant and employer acknowledge the applicant meets the qualifications for employment and that a copy of this form must be submitted to the FMSA. The FMSA must verify the applicant's qualifications before the employer offers employment to the applicant.							
Signature — Employer Date	Signature — FMSA Date							



Consumer Directed Services (CDS)

Service Provider and Employer Certification of Relationship Status

Section 1 – Servic	e Provider Applicant	's Information				
Service Provider Applicant Name		Maiden Nar	me, if applicable			
Applicant Street Address		ZIP Code				
Person Receiving Services	CDS Employer Name, i	l f different than perso	on receiving ser	vices		
Person Receiving Services Street Address	City	State		ZIP Code		
Applicant's Relationship to Person Receiving Services	Designated Representa	l ative (DR), if applical	ble			
Applicant's Relationship to CDS Employer	Applicant's Relationship to DR					
Section 2 – Service Provider Applicant's Status and Relationship						
The Service Provider Applicant must answer the following que			•			
1. Are you younger than 18?		◯ Yes ◯ No)			
Are you the person's legally authorized representative (LA legal or adopted parent, stepparent or managing conserva or the court-appointed guardian of a person of any age.		○ Yes ○ No)			
3. Are you the spouse* of the person's LAR? That is, the spouse of the court-appointed guardian of a person of any	○ Yes ○ No)				
Are you the spouse* of the person? Consumer Managed F service providers mark not applicable.**	Personal Attendant Service	ces (CMPAS)	○ Yes ○ No	Not applicable		
5. Are you the spouse* of the employer? CMPAS service pro	viders mark not applicab	le.**	◯ Yes ◯ No	O Not applicable		
6. If the person is a Texas Department of Family and Protect are you their foster parent? If the person is not a DFPS for			◯ Yes ◯ No	Not applicable		
7. If the person is a DFPS foster child or adult, are you the spont a DFPS foster child or adult, mark this item not applicate		nt? If the person is	◯ Yes ◯ No	O Not applicable		
8. Are you the power of attorney, attorney in fact or agent for financial responsibilities on behalf of the person?)		
9. Are you the DR or the CDS employer for the person?		◯ Yes ◯ No)			
10. Are you the spouse* of the employer's DR?			◯ Yes ◯ No)		
* Spouse is defined as either a legal marriage or a marriage v	vithout formalities, a com	mon law marriage, p	per the Texas Fa	mily Code.		
** The spousal relationship is not applicable in CMPAS for que	estions 4 and 5. The spou	use may be employe	ed.			

Section 3 – MDCP	Applicant's Status and Relationship							
If providing services in the Medically Dependent Children Prothe person is not enrolled in MDCP.	gram (MDCP) program, answer the following o	uestions	s. Mark n	ot applicable, if				
1. Are you the parent or primary caregiver of the person?		○ Yes	O No	O Not applicable				
2. Are you the spouse* of the parent or primary caregiver?		○ Yes	○ No	O Not applicable				
Section 4 – HCS and TxHmL Applicant's Status and Relationship								
If providing Community First Choice Personal Assistance Services or Habilitation (CFC PAS/HAB), respite, adaptive aids or behavioral support services in the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program, answer the following questions, as applicable. Mark not applicable , if the person is not receiving an applicable HCS or TxHmL service.								
Do you live in the same household as the person receiving respite services.	services? Applies to CFC PAS/HAB and	○ Yes	○ No	O Not applicable				
Are you related to the person within the fourth degree of coaffinity? Applies to adaptive aids and behavioral support search.		○ Yes	○ No	O Not applicable				
Section 5 – CLASS Respite Applic	ant's Status and Relationship Service P	rovide	rs Only					
If providing respite services in the Community Living Assistance and Support Services (CLASS) program and the primary caregiver is the CFC PAS/HAB applicant, answer the following additional question. Mark this item not applicable if the person is not receiving CLASS respite services. Also mark this item not applicable if the person is receiving CLASS respite services, but the primary caregiver is not the CFC PAS/HAB service provider.								
1. Do you live in the same household as the person?		○ Yes	○ No	O Not applicable				
Section 6 – PHC, CAS a	nd FC Applicant's Status and Relations	hip						
If providing Primary Home Care (PHC), Community Attendan applicable, if the person is not enrolled in PHC, CAS or FC.	t Services (CAS) and Family Care (FC), answe	er the fol	lowing qu	uestions. Mark not				
1. Are you the primary caregiver for the person?		○ Yes	◯ No	O Not applicable				
2. Are you the spouse* of the primary caregiver for the person	n?	○ Yes	○ No	O Not applicable				
Section 7 – Employer a	nd Service Provider Applicant Verificat	ion						
If any item above is marked Yes , the applicant is not eligible option for this person.			os					
If every item above is marked No or Not applicable , the app person, unless contraindicated by requirements of the person applicant certify that the responses are accurate.								
	Employer confirmation and acknowledgement: As the CDS employer, I confirm that the information provided on this form is true and correct to the best of my knowledge. I understand that an applicant cannot be paid to provide services if they are not eligible for employment.							
Printed Employer Name	Signature – Employer		Γ	Date				
Applicant confirmation and acknowledgement: As the applicant of my knowledge. I understand that I cannot be paid				e and correct to				
Printed Service Provider Applicant Name S	Signature – Service Provider Applicant		Г	Date Date				



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Ir day of employment, but	nformation	n and Attestation	n: Employ b offer.	rees must comp	lete and	sign Sect	ion 1 of F	orm I-9 r	no later than the first
Last Name (Family Name)		First Name	(Given Name	me) Middle Initial (if any) Other Last Names Used (if any)				sed (if any)	
Address (Street Number and	r and Name) Apt. Number (if any) City or Town State					ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. So	U.S. Social Security Number Employee's Email Address Employee's Telephone Number						e's Telephone Number	
I am aware that federal is provides for imprisonme fines for false statement use of false documents, connection with the con this form. I attest, under of perjury, that this infor including my selection of attesting to my citizensh	ent and/or s, or the in ppletion of penalty mation, of the box hip or	1. A citizen of 2. A noncitizen 3. A lawful pure 4. A noncitizen flyou check Item N	ck one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) a check Item Number 4., enter one of these:					te, if any)	
immigration status, is trucked correct.	ue and	USCIS A-Num	OR	Form I-94 Admissi	on Number	OR FOR	eign Passpo	ort Numbe	r and Country of Issuance
Signature of Employee					То	oday's Date	(mm/dd/yyy	y)	
If a preparer and/or tran	slator assist	ted you in completi	ng Section 1,	, that person MUST	complete	the <u>Prepar</u>	er and/or Tra	anslator C	ertification on Page 3.
Section 2. Employer R business days after the em authorized by the Secretary documentation in the Additi	ployee's firs , of DHS, do	st day of employment ocumentation from ation box; see Ins	ent, and mus List A OR a tructions.	st physically exam a combination of c	nine, or exa locumenta	amine con tion from l	sistent with ist B and L	⊢an a l terr	native procedure nter any additional
		List A	OR	Li	st B	-	AND		List C
Document Title 1									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)			0.44	ditional Informati					
Document Title 2 (if any)			Auc	ntional informati	OII				
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 3 (if any)									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)				Check here if you us	ed an alterr	native proce	dure authori	zed by DH	S to examine documents.
Certification: I attest, under employee, (2) the above-liste best of my knowledge, the er	d document	ation appears to be	genuine and	to relate to the em				First Da (mm/dd	ay of Employment l/yyyy):
Last Name, First Name and Titl	e of Employe	er or Authorized Repr	esentative	Signature of En	nployer or A	uthorized R	epresentativ	e	Today's Date (mm/dd/yyyy
Employer's Business or Organi	zation Name		Employer's	Business or Organi	zation Addr	ess, City or	Town, State	ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	LIST C Documents that Establish Employment Authorization						
 U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: Foreign passport; and Form I-94 or Form I-94A that has the following: The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States 		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 	 A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document. 						
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.									
 Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.						

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 4



Supplement A, **Preparer and/or Translator Certification for Section 1**

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 **Supplement A**

OMB No. 1615-0047 Expires 05/31/2027

			Middle initial (if any) from Section 1.			
e emplo ea. Em	ployers must retain completed	rided abo supplem	ve. Each ent sheets	preparer or translator with the employee's		
		Date (mr	n/dd/yyyy)			
First I	Name (Given Name)			Middle Initial (if any)		
'	City or Town		State	ZIP Code		
in the	completion of Section 1 of th	is form a	and that to	the best of my		
Signature of Preparer or Translator				Date (mm/dd/yyyy)		
First I	First Name (Given Name)			Middle Initial (if any)		
	City or Town		State	ZIP Code		
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First I	Name (Given Name)	I.		Middle Initial (if any)		
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Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B

OMB No. 1615-0047 Expires 05/31/2027

Lastivalile (Family Ivalile) IIO	r Section 1.	i list Name (Given Nam	This Name (Given Name) from Section 1.			wilding in any) noni Section 1.			
reverification, is rehired wi the employee's name in th completing this page. Kee	nent replaces Section 3 on th thin three years of the date tl e fields above. Use a new se p this page as part of the em Guidance for Completing For	ne original Form I-9 was ction for each reverifica ployee's Form I-9 record	completed, or provides protion or rehire. Review the F	oof of a Form I-9	legal name clinstructions	hange. Enter			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
	i ee requires reverification, your prization. Enter the document in			or List	C documentat	ion to show			
Document Title		Document Number (if any)		Expira	ation Date (if any	y) (mm/dd/yyyy)			
	perjury, that to the best of mumentation, the documentation								
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					ou used an edure authorized nine documents.			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
	ee requires reverification, your prization. Enter the document in			or List	C documentat	ion to show			
Document Title		Document Number (if any)		Expira	ation Date (if any	y) (mm/dd/yyyy)			
	perjury, that to the best of my umentation, the documentation								
Name of Employer or Authorize	ed Representative	Signature of Employer or Autl	norized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					ou used an edure authorized mine documents.			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
	ee requires reverification, your prization. Enter the document in			or List	C documentat	ion to show			
Document Title		Document Number (if any)		Expira	ation Date (if an	y) (mm/dd/yyyy)			
	perjury, that to the best of my umentation, the documentation								
Name of Employer or Authoriz	ed Representative	Signature of Employer or Aut	horized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					ou used an edure authorized nine documents.			

Form W-4

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Cat. No. 10220Q

2025

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Step 1:	(a) First name and middle initial	Last name		(b) Soc	ial security number		
Enter Personal Information	Address City or town, state, and ZIP code	name or card? If credit fo contact	Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213				
	(c) Single or Married filing separately Married filing jointly or Qualifying surviving Head of household (Check only if you're unmarried)	•	of keeping up a home for yo		www.ssa.gov. a qualifying individual.)		
are completing marital status, deductions, or	using the estimator at www.irs.gov/W4App this form after the beginning of the year; expumber of jobs for you (and/or your spouse credits. Have your most recent pay stub(s) stimator again to recheck your withholding.	spect to work only part of the information if the information is married filing jointly), dependent	year; or have changes ndents, other income (during not fron	the year in your n jobs),		
	ps 2–4 ONLY if they apply to you; otherwing from withholding, and when to use the est			n on ead	ch step, who can		
Step 2: Multiple Job or Spouse Works	Complete this step if you (1) hold modules also works. The correct amount of works Do only one of the following. (a) Use the estimator at www.irs.gov you or your spouse have self-em (b) Use the Multiple Jobs Worksheel (c) If there are only two jobs total, you option is generally more accurate	ithholding depends on income //W4App for the most accurate ployment income, use this open on page 3 and enter the result ou may check this box. Do the	e earned from all of the withholding for this stion; or lt in Step 4(c) below; of same on Form W-4 for	ese jobs step (an or or the o	d Steps 3–4). If ther job. This		
	higher paying job. Otherwise, (b) ps 3-4(b) on Form W-4 for only ONE of the late if you complete Steps 3-4(b) on the Form If your total income will be \$200,000	ese jobs. Leave those steps In W-4 for the highest paying j	ob.)	s. (Your	withholding will		
Claim Dependent and Other Credits	Multiply the number of qualifying Multiply the number of other dep Add the amounts above for qualifyir this the amount of any other credits.	children under age 17 by \$2,0 endents by \$500	00 \$		\$		
Step 4 (optional): Other Adjustments	want to reduce your withholding,	withholding, enter the amount ads, and retirement income. m deductions other than the st	of other income here	4(a)			
	the result here	litional tax you want withheld e	each pay period	4(b) 4(c)			
Step 5: Sign Here	gn						
	Employee's signature (This form is not v	alid unless you sign it.)	Da	te			
Employers Only	Employer's name and address			Employer identification number (EIN)			

Form W-4 (2025) Page **2**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Are submitting this form after the beginning of the year;
- 2. Expect to work only part of the year;
- 3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
- 4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/w4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Form W-4 (2025)

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2 a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2025) Page **4**

Form W-4 (2025) Married Filing Jointly or Qualifying Surviving Spouse												
			viarried i				-					
Higher Paying Job Annual Taxable	Lower Paying Job Annual Taxable Wage & Salary \$0 - \$10,000 - \$20,000 - \$30,000 - \$40,000 - \$50,000 - \$60,000 - \$70,000 - \$80,000 - \$90,000 - \$100,000 - \$110,000											\$110,000-
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999 \$60,000 - 69,999	1,020 1,020	2,220 2,220	3,420 3,420	3,770 3,770	3,970 3,970	4,080 4,080	4,080 5,080	5,080 6,080	6,080 7,080	7,080 8,080	8,080 9,080	9,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999 \$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999 \$365,000 - 524,999	2,040 2,790	4,440 6,290	6,840 9,790	8,390 12,440	9,790 14,940	11,100 17,350	12,470 19,650	14,470 21,950	16,470 24,250	18,470 26,550	20,470 28,850	22,470 31,150
\$505,000 - 324,999 \$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700
φο <u>Σ</u> ο,σου απα στοι	0,110	0,010					Separate		20,200	20,100	01,200	00,700
Higher Paying Job							al Taxable		Salary			_
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000-
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850 1,020	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090 5.460
\$20,000 - 29,999 \$30,000 - 39,999	1,020	1,870 1,870	2,040 2,390	2,390 3,390	3,390 4,390	4,390 5,390	4,890 5,890	4,890 5,890	4,890 6,060	5,060 6,260	5,260 6,460	5,460 6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999 \$250,000 - 399,999	2,720 2,970	5,570 6,120	7,900 8,590	10,200 10,890	12,500 13,190	14,800 15,490	16,600 17,290	17,900 18,590	19,200 19,890	20,500	21,800 22,490	23,100
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160
		•	•	ı	lead of	Househo	ld	•	•	•	•	
Higher Paying Job		1	1		r Paying .	Job Annua	al Taxable	Wage & S	1			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999 \$125,000 - 149,999	1,950 2,040	4,350 4,440	6,150 6,240	7,550 7,640	8,770 8,860	9,970 10,060	11,170 11,260	12,370 12,860	13,450 14,740	13,650 15,740	14,650 16,740	15,650 17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 174,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550





Household Employee Tax Exemption Form

PLEASE COMPLETE THIS FORM IF YOU ARE THE PARENT OF THE EMPLOYER OR THE CHILD OF THE EMPLOYER.

You have been identified as someone who may be exempt from certain state and federal taxes because of your age and/or relationship to your employer. Please fill out the questionnaire below so we can determine your status.

PLEASE PRINT CLEARLY

Clie	ent's Name	;
Em	ıployer's Na	ame:)
Em	ployee's N	ame:
Em	ployee's D	ate of Birth:
1.	Tax Exemp	tions for a Child Employed by his/her own Parent. Are you the child of the employer?
	Yes	I am an employee in the CDS program and my employer is my parent.
	□ No	My employer is NOT my parent.
2.	Tax Exemp	otions for a Parent Employed by his/her own Child. Are you the parent of the employer?
	Yes	I am an employee in the CDS program and my employer is my child.
	☐ No	My employer is NOT my child.
If yo	ou answered	"NO" to Question Number 2 you have completed the questionnaire.
If yo	ou answered	"YES" to Question Number 2 answer the questions below by circling "YES" or "No":
<u>Ad</u>	ditional C	Questions for a Parent Employed by his/her Child
\Rightarrow	Do you care	e for your grandchild <u>"who is living"</u> in your son or daughter's home? YES or NO
\Rightarrow		child is under age 18 all of the current year and has a physical or mental condition that rsonal care of an adult for at least four continuous weeks? YES or NO
\Rightarrow		or daughter (who employs you) a single parent, who is widowed, divorced and not YES or NO
\Rightarrow		or daughter (who employs you) living with a spouse who has a mental or physical condition ibits them from caring for your grandchild for at least four continuous weeks? YES or NO



New Employee Budget Questions



		Jexas	HOME CARE						
Date			Client Name						
\rightarrow			\rightarrow						
Emplo	yer Name		Designated Representative Name						
\rightarrow			\rightarrow						
Emplo	yee Name		Employee Date of Hire						
\longrightarrow									
1.	Will the	employee you are hiring today be replacing and	other employee? (circle one)						
	a.	Yes							
	b.	No							
•	If Yes to	question #1:							
		_ -							
	0								
	0	Reason this individual is no longer working?							
	0	What is the last day or approximate day this i	ndividual worked?						
	Would you consider this individual rehireable or not?								
	0	Fill out 1732 Termination Form and give it to t	the New Hire Admin to complete the termination process.						
2.	Are ther	e any other Employees that need to be termina	ted in the system? (circle one)						
	a. b.	Yes (if yes, please answer the below question No	ns for each employee)						
		Name of individual(s)?							
		Reason the individual is no longer w	vorking?						
		 What is the last day or approximate 	last day worked?						
		 Would you consider the individual re 	ehireable or not?						
		Fill out 1732 Termination Form and	give it to the New Hire Admin to complete the termination process.						
3.	Is this n	ew employee going to be a backup employee?	(circle one)						
	a.	Yes							
	b.	No							
4.		additional clients that are under this Employe	er? (circle one)						
	a. b.	Yes No							
		If yes, will this new employee be wo	rking for these additional clients as well? (circle one)						
		YesNo							
			and Kantime ID's:						
5.	What se	rvices will this employee be working and how r	many hours per each service will the employee be working per week?						
_	ndant:	hrs per week/ Pay Ra							
Prot	ective Su	pervision: hrs per week/ Pay Ra	te Transportation: hrs per week/ Pay Rate						

Attendant:	hrs per week/ Pay Rate	Respite:	hrs per week/ Pay Rate
Protective Supervision:	hrs per week/ Pay Rate	Transportation:	hrs per week/ Pay Rate
LVN:	hrs per week/ Pay Rate	RN:	hrs per week/ Pay Rate
Intervener:	hrs per week/ Pay Rate	Intervener I:	hrs per week/ Pay Rate
Intervener II:	hrs per week/ Pay Rate	Intervener III:	hrs per week/Pay Rate
Value Added Respite:	hre nor wook/ Pay Pate	Supported Emp	hre nor wook/ Pay Pato



Consumer Directed Services

Wage and Benefits Plan Employee Compensation

Employee Name (Last, First,	Middle Initial)		So	ocial Security No.		
Data of Llina	First Date of World		Initial '	Wage and Benefit Plan		
Date of Hire	First Date of Worl	C		Change - Effective :		
Client Name	Emplo	yer Name		Program		
Service	Regular Hourly Wage					
A	Regular Hourly wage		Calcul	ation of Overtime Hourly V	Vage	
	<u>. </u>			ork over 40 hours per wor		
				calculated based upon De hod in a variable pay rate en		
	 \$	Worgined a	vorago mon	Tod III a Vallable pay rate of	VII OTIIII OTIII.	
Benefits: Optional						
Hepatitis B Vaccination (A	•		•	ed by the employee.)		
Employer: List other optional b	penefits here. (Attach add	ditional sheet, if	required.)			
Withholdings:						
W-4 Employee's Withho	lding Allowance Cert	ificate (Attach	completed F	Form W-4.)		
☐ Required Garnishments	3					
Type:				Amount:		
Frequency:	Payment To					
☐ Voluntary Withholdings	(not related to W-4)					
Type:				Amount:		
Frequency:	Payment To);				
Other (specify):						
Acknowledgment/Agreeme						
				curately each work shift/day. F I fraud and is punishable unde		
Accurate, signed time sheets	s are due: Everv oth	er Monday by	5:00 pm			
Paychecks are distributed by				ice a month on		
or every other week starting	Friday					
Employee and Employer mu	utually agree to the co				ion above and agree that any ancial Management Services	
\longrightarrow	\rightarrow		\longrightarrow		\rightarrow	
Signature - Employer or Desi Representative	gnated Date			Signature - Employee	Date	



Consumer Directed Services Employee Work Schedule and Assigned Tasks

	E	Employee N	lame:				
	Pu	rpose of Fo	orm:		ty Involved	d:	
		Change			chedule	I	Effective Date
Schedule I							
Day	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Schedule i	may vary c	lepending o	on need.	1	Weekly T	otal Hours	
Schedule II	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total
Sunday						Timo Gut	Hours
-							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Schedule	may vary	depending	on need.		Weekly T	otal Hours	
		Ackn	owledgn	nent of W	ork Sche	edule and	Assigned T
		:	Signature –	– Employer			
			Signature –	– Employee			



Consumer Directed Services

Management and Training of Service Provider

Coming Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Service Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Name of Individual Receiving Services	Program	Services Delivered
Name of Consumer Directed Services Employer		
I. Purpose		
Initial Orientation Ongoing Training		
Evaluation	_	
30-Day 3-Month 6-Month Annual	Other	
Supervision		
☐ Verbal Warning: ☐ First ☐ Second ☐ Third	Other	
☐ Written Warning: ☐ First ☐ Second ☐ Third	Other	
Conflict Resolution Other		
II. Documentation of Topics Covered at Initial Orientation or Ongo	oing Training: (Initial orientation m	nust include training related to the
individual's condition and the tasks the service provider will perform as	s well as any required training desc	
Form 1735, Employer and Financial Management Services Agency Se	· ,	
Employee demonstrated knowledge of individual's condition, any spec	ial needs, and showed competence to p	erform the approved tasks.
Employee was trained on EVV use and procedures for the client.		
III. Documentation of Abuse, Neglect and Exploitation Training: (/	Initial orientation must include train	ing on acts that constitute abuse
neglect or exploitation of an individual.)	miliai onenialion must include train	ing on acts that constitute abuse,
Employee was trained on acts which constitute abuse, neglect, and/or ex ANE and understands actions that will be taken if they are reported to ha		bility to report instances of
ANE and understands actions that will be taken it they are reported to ha	ve committed ANL.	
IV. Evaluation/Performance Review:		
V. Corrective Action Plan (if applicable):		
Date for follow-up on corrective action plan:		
VI. Service Provider Comments:	_	
VI. Gervice Frontaci Gomments.		
Signature of Service Provider Date	_	
This document has been reviewed with the service provider listed	d above.	
Signature of Employer Date	Signature of W	/itness Date
	oignaturo oi vi	Tule33

Consumer Directed Services (CDS) Management and Training of Service Provider Addendum

Emplo	yee Misconduct Registry Notification
Employee Name:	Date of Hire:
Position:	Employer Name:
	umer Directed Service (CDS) employers, are required under 26 Texas Administrative Code Safety Code Chapter 253 to inform new unlicensed employees about the Employee
reportable conduct against a consumer receiving se employed in the Texas Health and Human Services	sed person who commits an act of abuse, neglect or exploitation that meets the definition of ervices from a facility or against a person receiving services in the CDS option is not Commission (HHSC) regulated facilities and in certain programs including CDS. The EMR rvices, treatment or any other personal services and are not licensed by the state to perform
and Texas Health and Safety Code Chapter 253. Re	acility, agency or individual employer. The EMR is governed by 26 TAC, Part 1, Chapter 711 egarding a CDS employee, the Department of Family and Protective Services (DFPS) er DFPS rules at 40 TAC, Part 19, Chapter 705, Subchapter O.
Rules about the EMR are on the Secretary of State's https://texreg.sos.state.tx.us/public/readtac\$ext.View	s website at: wTAC?tac_view=5&ti=40&pt=19&ch=705&sch=O&rl=Y
· Questions may be directed to HHSC Professiona	al Credentialing Enforcement Unit at 409-667-3081.
The employer must provide the employee with a	copy of this notice.
I,, hav Printed Employee Name	ve read and understand the above notification.
Employee Signature	



Employer and Employee Acknowledgement of Exemption from Nursing Licensure for Certain Services Delivered through Consumer Directed Services

The employer in the Consumer Directed Services (CDS) option is the individual receiving services or the individual's legally authorized representative (LAR). The employer may choose to have certain nursing services provided by an unlicensed person employed in the CDS option. The individual or the LAR must be capable of training the unlicensed employee in the performance of the task(s) and train and supervise the employee performing the task(s). The employee who delivers the service must not have been denied a license under Chapter 301, Occupations Code or have a license under Chapter 301, Occupations Code or suspended.

When the employee is trained and supervised by the LAR, the employee delivers the service when the LAR is present or is immediately accessible to the employee. If the employee will perform the service when the LAR is not present, the LAR must observe the person performing the service at least once to assure the LAR that the employee performs the service correctly.

Government Code, Title 4, Subtitle I, Chapter 531, Subchapter B, Section 531.051, Consumer Direction for certain services for persons with disabilities, states the employee must not perform those service that are expressly prohibited from delegation by the **Texas Board of Nursing** (*Texas Administrative Code, Section 225.13,Tasks Prohibited From Delegation*), including:

- 1. physical, psychological, and social assessment, which requires professional nursing judgment, intervention, referral, or follow-up;
- 2. formulation of the nursing care plan and evaluation of the client's response to the care rendered;
- 3. specific tasks involved in the implementation of the care plan that require professional nursing judgment or intervention;
- 4. the responsibility and accountability for client or client's responsible adult health teaching and health counseling which promotes client or client's responsible adult education and involves the client's responsible adult in accomplishing health goals; and
- 5. the following tasks related to medication administration:
 - A. calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the RN has calculated the dose;
 - B. administration of medications by an injectable route except for subcutaneous injectable insulin as permitted by Section 225.11(b) of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);
 - C. administration of medications by way of a tube inserted in a cavity of the body except as permitted by Section 225.10(10) of this title (relating to Task That May Be Delegated);
 - D. responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or podiatrist; and
 - E. administration of the initial dose of a medication that has not been previously administered to the client.

Examples of services that may be exempt from nursing licensure and can be included in the Individual Service Plan for the CDS option if all the qualifying conditions are met include:

- 1. bathing, including feminine hygiene;
- 2. grooming, including nail care, except for individuals with medical conditions like diabetes;
- 3. feeding, including feeding through a permanently placed feeding tube;
- 4. routine skin care, including decubitus Stage 1;
- 5. transferring, ambulation or positioning;
- 6. exercising and range of motion; and digital stimulation;
- 7. the administering of a bowel and bladder program, including suppositories, catheterization, enemas, manual evacuation and digital stimulation;
- 8. administering oral medications that are normally self-administered, including administration through a gastrostomy tube; and
- 9. non-invasive and non-sterile treatments with low risk of infection.

Employee:	Employer:
Printed Name	Printed Name
Date	Date
Date	Date
Signature	Signature
Certification – We, the employee and the employer, certify that the emservices listed below. We understand that those services that cannot be Administrative Code, Section 225.13, Tasks Prohibited From Delegatemployee may perform those tasks when the LAR is not present to support the contraction of	e provided by anybody except a licensed nurse, according to Texas ion , must not be provided by the employee. Checked tasks indicate the



Consumer Directed Services

Employer and Employee Service Agreement

The name of individual receiving services, hereafter referred to as the "Individual," is:

Th	e Individual's program,, hereafter
ref	erred to as the " program ," is funded and administered by the Texas Health and Human Services Commission (HHSC).
Th	e name of the employer, hereafter referred to as " Employer " is:
Th	e Employer is the 🔲 Individual, 🦳 parent of a minor or 🔲 court-appointed guardian of the Individual.
Th	is agreement is between the Employer and
he	reafter referred to as " Employee ."
Th	ne Employer Agrees:
1.	To give notice to the Employee as soon as possible of any change(s) in the work schedule, the tasks to be performed or the number of hours the Employee will work.
2.	To adhere to all federal, state, and local employment-related laws and regulations.
3.	To assume responsibility for:
	 a. liability for any negligent acts or omissions by the Employer, his/her Employee(s) and service provider(s), the Designated Representative (if applicable), the Individual or others in the work place; and
	b. managing the risk and liability of any incidence(s) of Employee work-related injury/injuries or illnesses.
4.	To provide orientation and training to the Employee of tasks and activities to be performed.
5.	To provide the Employee with written notice of compensation for services delivered.
Th	ne Employee Agrees:
1.	I, the Employee, am willing and able to perform the
	tasks as outlined by, and at the direction of, the Employer, the Individual or the Designated Representative, if

- 2. To provide information and documents to the Employer, as required, to maintain current, up-to-date personnel records. The information and documents include at least changes in address and/or telephone numbers, criminal convictions and evidence of employment status and qualifications.
- 3. To not use the personal property of the Employer or the Individual without prior approval. The Employee will reimburse the Employer for any expense incurred related to his/her personal use of the personal property.
- 4. To respect the rights and dignity of the Individual and to follow safety procedures for the benefit of the Individual and the Employee.
- 5. To notify the Employer as soon as possible when the Employee will be late for work or is not able to work, as well as not report to work when illness or another condition may jeopardize the health and safety of the Individual.

Both the Employer and the Employee Agree:

- 1. That this document serves as an agreement, not an employment contract.
- 2. That the Employer employs the Employee. The Employee is not an independent contractor. The Employer controls the training and management, evaluation and firing/termination of the Employee.
- 3. That the Employee is not barred by relationship to the Individual, Employer or Designated Representative, if applicable, from being an Employee.
- 4. That a Financial Management Services Agency (FMSA) is responsible for the administration of program funds on behalf of the Employer, including payroll functions.
- 5. That funds for services to pay the Employee is from public sources, and financial accountability and liability applies to the use of the funds. Both the Employer and the Employee have an individual and joint responsibility to be accountable for the public funds spent through the Consumer Directed Services (CDS) option and understand that submitting false or fraudulent time sheets, submitting a time sheet of an unqualified service provider, submitting a time sheet for tasks other than those approved on the service plan or implementation plan will be reported to the appropriate authorities for investigation and possible prosecution as Medicaid fraud.

- 6. To provide an accurate accounting of services delivered by the Employee, and to submit accurate time sheets and documentation for reimbursement to the FMSA.
- 7. To bill only for actual time worked, allowable benefits and CDS-related expenses (billing for services and items not allowed or budgeted results in non-payment by the FMSA).
- 8. The Employer must not charge any fee to the Employee. The Employee must not make any payment to the Employer related to the Employee's employment. Any corrections to payroll are made by the FMSA.
- 9. That neither the FMSA or HHSC is responsible or liable for any negligent acts, work-related injuries or omissions by the Employer, Individual, Employee, other Employees and service providers and/or the Designated Representative, if applicable.
- 10. That personal medical and personal information and data about the Individual and the Employee is confidential. This information is not to be discussed, directly or indirectly, with others outside of the work environment at any time, currently or in the future.

Duration and Modification of Service Agreement

- 1. This service agreement will be in effect as of the date this agreement is signed by the Employer and Employee. This service agreement must not precede the date the Individual is eligible to participate in the program or in CDS
- 2. This service agreement can be modified by agreement of both parties, unless prohibited by HHSC rules or policy, or by applicable state, federal and/or local regulations.
- 3. This service agreement will terminate when:
 - a. the Individual's participation in CDS ends voluntarily or involuntarily;
 - b. the individual is no longer eligible for the HHSC program or for CDS participation;
 - c. the Employee is convicted of a crime or listed on a registry that forbids employment by law;
 - d. a relationship change occurs and continued employment is prohibited; or
 - e. the Employee fails to maintain and provide documentation of eligibility or qualifications for continued employment.
- 4. This service agreement may be terminated, without cause, by either party with 14-calendar days written notice. A different time frame may be used if both parties agree in writing.

The following required documents are incorporated by reference:

Document	Date of Signature
HHSC Form 1725, Criminal Conviction History and Registry Checks	
HHSC Form 1729, Applicant Verification for Employees	
HHSC Form 1733, Employer and Employee Acknowledgement of Exemption from Nursing Licensure for Certain Services Delivered through Consumer Directed Services, if applicable	
HHSC Form 1734, Applicant and Employer Certification of Relationship for Employment	

Acknowledgement of service agreement, including documents incorporated by reference:

Employer:	Employee:	
Printed Name	Printed Name	
Signature	Signature	
Date	 Date	

Date



Consumer Directed Services

Service Provider Agreement

This agreement is between the **Texas Health and Human Services Commission** (HHSC), the state Medicaid agency; a **Financial Management Services Agency** (FMSA); and a **service provider** providing services to one or more individuals through the Consumer Directed Services (CDS) Option.

The service provider,		an individual or
an entity, located at (Address)		,
	: Telephone	Fax
The service provider agrees to:		
 provide services, items or goods that community support programs in accommunity 		
 keep records of purchased services, 	items and goods in accordance v	vith program rules and policy;
 accept checks from the FMSA as ful purchased for individuals served thro 		
 neither impose on or accept from incepaid for by the check; and 	lividuals any additional charges fo	or the services, items or goods
 provide records and other informatio representative. 	n upon request to the individual, t	he FMSA, HHSC, or their
The FMSA and HHSC agree:		
 that the FMSA will pay the service practice accordance with this agreement and 		ds provided to the individual in
 to allow the service provider to charge authorized or paid for in accordance 		•
The service provider, FMSA and HHSC ı	mutually agree that:	
the FMSA		,
doing business in		
financial management services (FMS provider;	S) to the individual receiving servi	ces for purchases from the service
 the FMSA is responsible for acquirin HHSC; 	g the completed agreement and r	retaining the original on behalf of
 payment from the FMSA will not be it 	ssued prior to the receipt of this a	greement by the FMSA;
payment from the FMSA is funded b	y HHSC with government funds;	and
the FMSA is not a Texas or federal of		
This agreement is effective		terminates when the service provider is
no longer providing services to individuals		·
Service Provider or Representative* (Print)	Service Provider or Repre	sentative* (Signature) Date

FMSA Representative* (Signature)

FMSA Representative* (Print)

^{*} If the service provider is an entity, a representative from the entity with authorization to negotiate this agreement on behalf of the entity must sign.



Service Provider Information on Employment and CDS in Texas



0011100111001	mornianon on Emproyment and electric results	TIONE CHIE
Consumer's Name – Client	Employer Name	
Service Provider – Employee	CDS in Texas, 6243 IH-10 West Suite 430, San Antonio, TX 78201	Phone: 877.675.7331 Fax: 877.726.4919

CDS in Texas serves as the vendor fiscal/employer agent for individuals (consumers) who hire their own employees for their Medicaid services. We provide payroll services and deposit and report taxes on behalf of these individuals.

What does a FMSA do that involves a Service Provider?

- FMSAs have the following roles and responsibilities that apply to Services Providers:
 - verify qualifications of applicants before services are delivered;
 - o monitor continued eligibility of service providers;
 - o ensure all forms are complete for each employer's service provider before issuing the initial payment for services;
 - o manage payroll, including calculations of employee withholdings and employer contributions and depositing these funds with appropriate agencies:
 - comply with applicable government regulations concerning employee withholdings, garnishments, mandated withholdings, and benefits.

What do we want the Employer and Service Provider to know about CDS services?

- We (the FMSA) are <u>NOT</u> your employer. You work for the individual or that person's legally authorized representative. Questions regarding hours, pay, timesheets, duties, etc. should be directed to your employer.
- We do need your current address, telephone number, and/or email. Notify us in writing of changes by fax to 877.726.4919 or email: NewHires@cdsintexas.com.
- You cannot work until our office has cleared you for employment and the service start date has occurred. If you work prior to either
 of these days, you will not be paid by our office.
- If the consumer is in the hospital or loses Medicaid, your employer must notify us. We cannot pay for services provided while the consumer is hospitalized or has no Medicaid. If you turn in a timesheet for payment during hospitalization or loss of Medicaid eligibility, that may be considered Medicaid fraud.
- You are not expected to perform tasks that are not directly related to support for the consumer. If you are concerned about the tasks you are asked to perform, please contact us. Examples would be: preparing food for the whole family or cleaning the garage.
- Payroll is issued bi-weekly. By signing this document, you are agreeing to receive your payroll by direct deposit or pay card and
 you understand and agree that the initial payrolls may be issued in the form of a check and sent to you by 1st class mail through the
 U.S. Post Office.
- If you work hours which are not authorized on the client's service plan, we will not pay for those hours. Your employer will be liable.
- Any over or under payment of payroll will be corrected as soon as possible but no later than the next payroll. You are agreeing to recoupment of overpayments when you sign this document.
- If you are working in a household where there is more than one consumer, you cannot charge twice for hours worked simultaneously.
- You certify your timesheets as true and correct. Record your hours each day and do not sign timesheets until your last shift for that payroll period has been worked. Never sign blank timesheets. Incorrect timesheets may be viewed as Medicaid fraud.
- Use the EVV system to clock in when EVV services begin and clock out when EVV services end with one of the EVV methods (EVV Mobile Method, EVV Home Phone Landline, Alternative Device).
- Information on rules referenced in the Form 1729 can be found at www.hhs.texas.gov.
- Everyone has a responsibility to report abuse, neglect, and exploitation (1.800.252.5400).
- Work with your employer until you fully understand what is expected of you and you understand how your employer wants all tasks completed.

•	nd how your employer wants to be n d give them time to arrange for back	otified if you cannot work a scheduled shift. This is an up.	individual, not
Acknowledged:			
Signature of Employer	Date	Signature of Employee	Date

Texas Employer New Hire Reporting Form



Submit within 20 calendar days of new employee's first day of work to:

Central File Maintenance P.O. Box 12048 Austin, TX 78711-2048

Phone: 1-800-850-6442 FAX: 1-800-732-5015 Online: www.employer.oag.texas.gov To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

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REV 05/23 ENHR RPT FORM

INSTRUCTIONS FOR COMPLETING THE TEXAS EMPLOYER NEW HIRE REPORTING FORM

The purpose of the Texas New Hire Reporting Form is to allow employers to fulfill new hire reporting requirements. You may enter your employer information and photocopy a supply and then enter employee information on the copies.

REPORTING OF NEW HIRES IS REQUIRED:

All required items (numbers 1, 3, 4, 5, 6, 7, 14, 15, 16, 17, 18, 19, 20, 21, 22) on this form must be completed.

- Box 1: Federal Employer ID Number (FEIN). Provide the 9-digit employer identification number that the federal government assigns to the employer. This is the same number used for federal tax reporting. Please use the same FEIN that appears on quarterly wage reports.
- Box 2: State Employer ID Number (Optional). Identification number assigned to the employer by the Texas Workforce Commission.
- **Box 3: Employer Name.** The employer name as listed on the employee's W4 form. Please do not provide more than one employer name (for example, "ABC, Inc DBA. John Doe Paint and Body Shop" is not correct).
- **Box 4: Employer Address.** Please indicate the address where the Income Withholding Orders should be sent. Do not provide more than one address (for example, P.O. Box 123, 1313 Mockingbird Lane is not correct).
- Box 8: Employer Province/Region (if foreign). Provide this information if the employer address is not in the United States.
- Box 9: Employer Country (if foreign). Provide the two letter country abbreviation if the employer address is not in the United States.
- Box 10: Postal Code (if foreign). Provide the postal code if the employer address is not in the United States.
- Box 13: New Hire Contact Person (Optional). Providing the name of a contact staff person will facilitate communication between the employer and the Texas Employer New Hire Reporting Program.
- Box 15: Date of Hire. List the date in month, day and year order. Use four digits for the year (for example, 2001). This should be the first day that services are performed for wages by an individual. If you are reporting a rehire (where a new W-4 is prepared) use the return date, not the original date of hire.
- Box 23: Employee Province/Region (if foreign). Provide this information if the employee does not reside in the United States.
- Box 24: Employee Country (if foreign). Provide the two letter country abbreviation if the employee address is not in the United States.
- Box 25: Postal Code (if foreign). Provide the postal code if the employee address is not in the United States.
- Box 26: State Where Employee was Hired. Use the abbreviation recognized by the U.S. Postal Service for the state in which the employee was hired.
- Box 27: Employee DOB (Date of Birth) (Optional). List the date in month, day and year order. Use four digits for the year (for example, 1985).
- **Box 28: Employee Salary (Optional).** Enter employee's exact wages in dollars and cents. This should correspond to the salary pay frequency indicated in Box 29.
- **Box 29: Salary (Check One ONLY) (Optional).** Check the appropriate box relating to the employee's salary pay frequency. Check "Biweekly" if the salary is based on 26 pay periods. Check "Semi-monthly" if the salary is based on 24 pay periods. Check "Annually" if salary payment is a one-time distribution.

SUBMISSION OF NEW HIRE REPORTS. The Texas Employer New Hire Reporting Program offers a variety of methods that employers can use to submit new hire reports. For further information on which method may be best for you, call 1-800-850-6442. Employers are encouraged to keep photocopies or electronic records of all reports submitted. When the form is completed, send it to the Texas Employer New Hire Reporting Program using one of the following means:

- FAX: 1-800-732-5015
- U.S. Mail:

Central File Maintenance P.O. Box 12048 Austin, TX 78711-2048

- Telephone Submissions: 1-800-850-6442
- Internet Submissions: www.employer.oag.texas.gov

Employers must provide all of the required information within 20 calendar days of the employee's first day of work to be in compliance. State law provides a penalty of \$25 for each employee an employer knowingly fails to report, and a penalty of \$500 for conspiring with an employee to 1) fail to file a report or 2) submit a false or incomplete report.

REV 05/23 ENHR RPT FORM



Entered By: _

	EMPLOYEE D	IRECT DEP	POSIT AUT	HORIZATION						
Employee Name:			Effective Date: City / State / Zip: Social Security Number:							
Address:										
Birth Date:										
Phone:			Email:							
CHOOSE YOUR METH	OD OF DIRECT DEPOSIT:									
BANK / CREDIT UNIC	DEDUCTION AMOUNT									
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Date: ___



WELCOME TO RAPID! PAYCARD



What is the rapid! PayCard®?

rapid! PayCard Visa® Payroll Card is a prepaid card that does not require a credit check!; therefore, only an identity check is needed and most people qualify. It allows you to collect and spend your pay without hassle or inconvenience. A rapid! PayCard can be used at millions of ATMs² and merchant locations worldwide, anywhere Visa Debit Cards are accepted. This card provides you with added safety and security over carrying cash.

With your PIN, you may use your card to obtain cash from any Point-of-Sale ("POS") device, as permissible by merchant that bears the Visa brand. With your PIN, you may use your card to obtain cash from any Automated Teller Machine ("ATM") that bears the Visa, Allpoint? or MoneyPass? brand. All ATM transactions are treated as cash withdrawal transactions.

What is the difference between the personalized rapid! PayCard and the instant issue rapid! PayCard?

The first card you receive is the instant issue rapid! PayCard. It has a Visa brand mark but it does not have your name embossed on it. When you call Customer Support at 1.888.727.4314 to activate this card you may also request an upgrade to a personalized card with your name embossed on it at no additional cost. When the personalized rapid! PayCard arrives in the mail (7-10 business days) the instant issue card remains fully usable until you activate your new personalized card.

When will my payroll funds be available on my rapid! PayCard?

Your pay will typically be available by 10:00 am EST on your payday. You can check your balance anytime with our mobile app³ rapidiPAY or by calling 1.888.727.4314 or by visiting www.rapidfs.com.

What happens if I lose my rapid! PayCard? What should I do?

Most importantly, your money is protected with Visa Zero Liability⁴ Policy. Just call 1.888.727.4314 to report it lost/stolen and request a new card, or ask your employer for a new card. Call 1.888.727.4314 (press 0) and tell the representative this is a replacement card.

Is this payroll direct deposit different from other types of direct deposit?

Not at all, the funds are deposited directly to your account.

How do I apply for a rapid! PayCard and get started with Direct Deposit?

It's easy to apply for your own rapid! PayCard. Just ask your employer or the Payroll department of your company for a rapid! PayCard direct deposit form.

Can I add additional funds to my rapid! PayCard?

The rapid! PayCard is fully portable. This means that you can take the card to any of your employers, regardless of who enrolled you in rapid! PayCard direct deposit. In addition, you can direct deposit your income tax refund, social security benefit, military pension, or any other payment that can be direct-deposited. Please login to www.rapidfs.com to access your direct deposit account number or ask one of our Customer Service
Representatives.

- Because this is not a credit card, your credit will not be checked.
- ² Cardholder has surcharge free access to Allpoint[®] and MoneyPass[®] networks. Fees apply for out-of-network withdrawals, plus what the ATM owner may charge. Limits apply.
- ³ While rapid! PayCard does not charge for this feature and service, standard text messaging, data and cellular rates may apply. Please check with your cell phone carrier and inquire about fees your carrier may associate with these services.
- ⁴ Visa's Zero Liability Policy covers U.S.- issued cards and does not apply to certain commercial card transactions, or any transactions not processed by Visa. You must notify your financial institution immediately of any unauthorized use. For specific restrictions, limitations and other details, please consult your issuer.

The rapid! PayCard® Visa® Payroll Card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc. This card can be used everywhere Visa debit cards are accepted.

Important Information for opening a Card account. To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

rapid! Customer Support 1.888.727.4314



Convenient Ways⁶ to Access Your Pay at no cost

- POS Store Purchase (including cash back, where available)
- Allpoint® and MoneyPass® ATM² Withdrawal
- Request A Check
- U.S. Post Office Money Order
- Electronic Transfer to a bank account
- ChekToday convenience checks, request them by calling the toll-free number for Customer Service (888.727.4314)
- Over-the-Counter Cash Withdrawal at banks displaying the Visa[®] Acceptance Mark (logo)



How to Use Your Card

Making Purchases — Anywhere Visa Debit Cards are accepted

- At a retailer either swipe your card or hand it to the cashier. For online or phone purchases, follow the instructions you are given.
- If you choose "debit", enter your PIN when prompted to complete the transaction. If you choose "credit", accept the amount and sign your name.
- Take your card and receipt.

Getting Cash Back with In-Store Purchases> (at participating merchants)

- Swipe your card or hand it to the cashier.
- Select "debit" as your method of payment and enter your PIN on the pad when prompted.
- Tell the cashier you want "cash back" and the amount you would like to receive.
- Take your cash, card and receipt.

Getting Cash from an ATM²

- Insert your card into the machine and enter your PIN when prompted.
- Select "checking" and the amount you want to withdraw.
- Accept the fee when prompted.
- Take your cash and your card.

Accessing Your Card Account

Online — www.rapidfs.com

- View your card account balance and activity
- View your monthly statement and card account history
- Update or change your PIN, address and other information
- Sign up for a savings account, Text Alerts? and other card features
- Read more about the types of transactions you can make and get helpful tips
- Transfer funds to a companion card or bank account
- Get a direct deposit form to have other sources of income deposited to your card

By Phone — 888.727.4314

You can access your card account by calling 1.888.727.4314 toll-free and use the automated system for quick access or to speak with a Customer Service Representative.

Convenient Card Features

TEXT ALERTS⁷

Text alerts to your cell phone are the most convenient way to check your card balance. Available at no additional cost, you can enroll at www.rapidfs.com and choose your alerts. Plus, you can get up-to-the-minute balance information by simply texting "BAL" on your cell phone to 90831.

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Make purchases that earn rewards and get cash back each month. It's that simple — no promotion codes or coupons needed. Go to www.rapidfs.com to learn more and view offers.



SAVINGS ACCOUNT

Take advantage of your card's Savings Account at no cost. This interest-bearing account is a great way to save for your future and expenses. This feature also allows you to schedule auto-transfers. Go to www.rapidfs.com to enroll.



BILL PAY8

Pay bills online or by phone using the money on your card at no cost.



- When one of these transactions is your first transaction after you've been paid, the transaction is free, otherwise you will be charged a fee. Please refer to the Cardholder Agreement for a complete list of fees.
- 7 While rapid! PayCard does not charge for this feature and service, standard text messaging, data and cellular rates may apply. Please check with your cell phone carrier and inquire about fees your carrier may associate with these services.
- 8 . This optional offer is not a MetaBank $^{\otimes}$ product or service nor does MetaBank endorse this offer.



The rapid! PayCard® Visa® Payroll Card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc. This card can be used everywhere Visa debit cards are accepted.

Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

rapid! Customer Support 1.888.727.4314



Consumer Directed Services

Occupational Exposure to Bloodborne Pathogens

Universal Precautions

Blood has long been recognized as a potential source of pathogenic microorganisms that may present a risk to individuals who are exposed during the performance of their duties. Universal precautions is the method of control required by the Occupational Safety and Health Administration (OSHA) to protect employees from exposure to all human blood and body fluids. **Universal precautions** refers to a concept of bloodborne disease control, which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV (the virus that causes AIDS), the Hepatitis B virus and other bloodborne pathogens.

Protective barriers reduce the risk of exposure to blood, body fluids containing visible blood and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks and protective eyewear. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand-washing and using gloves to prevent gross microbial contamination of hands. Universal precautions will be used during the provision of services as applicable and appropriate.

	Employee Initials:	Date:
Hepatitis B		
Hepatitis B is a serious infection involving the li infection, cirrhosis (scarring) of the liver, liver cancer, I blood or body fluids from an infected person enters the infectious occupational hazard for health care. Any he depending on the tasks that he or she performs. Work with blood or blood-contaminated body fluids.	iver failure and death. Hepatit e body of a person who is not alth-care worker may be at ris	is B is spread when infected. HBV is a major k for HBV exposure
	Employee Initials:	Date:

Hepatitis B Vaccination

OSHA standards effective June 4, 1992, require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The Hepatitis B vaccine is available at no cost to the employee. The cost to provide vaccinations is an administrative expense to the employer and is reimbursable through the individuals's program budget.

The vaccine is administered in a prescribed series of three injections over a six-month period:

Dose 2 is administered 30 days after Dose 1.

Dose 3 is administered five months following Dose 2.

The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration and potential side effects of the Hepatitis B vaccination.

The employee may elec	ect to receive or decline the	Hepatitis B vaccination
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Employee Initials:	Date:	

Informed Choice Related to Hepatitis B Vaccination

Employee Statement – Check one statement below.	
· · · · · · · · · · · · · · · · · · ·	n and will be reimbursed by my employer within 30 use. I understand that I will only be reimbursed for byer.
I agree to receive the Hepatitis B vaccination arrangement(s) related to covering the cost of	n and the employer and I have agreed to the following of the vaccination:
$\hfill \hfill $	ime because I have previously received the Hepatitis B
☐ I decline the Hepatitis B vaccination.	
infectious materials, I may be at ri infection. I have been given the op vaccine at this time. However, I de understand that by declining this Hepatitis B, a serious disease. If in exposure to blood or other potent	upational exposure to blood or other potentially sk of acquiring Hepatitis B virus (HBV) oportunity to be vaccinated with Hepatitis B ecline the Hepatitis B vaccination at this time. I vaccine, I continue to be at risk of acquiring in the future I continue to have occupational ially infectious materials and I want to be ne, I can receive the vaccination series at no
	R 5507, February 13, 1996 030 App A <i>- Mandatory Declination Statement</i>
Certification by Employee	
I, , the employee , acknowledge information on occupational exposure to bloodborne pathological vaccination. I have been provided the opportunity to ask query choice (as documented above) related to the Hepatitis	uestions and to seek additional information. I have made
* I may decide in the future to request and accept the vacc	ination at no charge to me.
Employee:	Employer:
Printed Name	Printed Name
Signature	Signature

Date

Date

CDS in Texas Bi-Weekly 2025 Payroll Schedule

EVV Option 1 approvals/visit maintenance and EVV Option 2-3 timesheets are due every other Monday. Even if it is a Holiday Payday is every other Friday.

If Friday is a Holiday, payday will be on a Thursday.

PAY PERIOD	PAYROLL	End	DUE	PAY DATE
1	12/08/2024	12/21/2024	12/23/2024	01/03/2025
2	12/22/2024	01/04/2025	01/06/2025	01/17/2025
3	01/05/2025	01/18/2025	01/20/2025	01/31/2025
4	01/19/2025	02/01/2025	02/03/2025	02/14/2025
5	02/02/2025	02/15/2025	02/17/2025	02/28/2025
6	02/16/2025	03/01/2025	03/03/2025	03/14/2025
7	03/02/2025	03/15/2025	03/17/2025	03/28/2025
8	03/16/2025	03/29/2025	03/31/2025	04/11/2025
9	03/30/2025	04/12/2025	04/14/2025	04/25/2025
10	04/13/2025	04/26/2025	04/28/2025	05/09/2025
11	04/27/2025	05/10/2025	05/12/2025	05/23/2025
12	05/11/2025	05/24/2025	05/26/2025	06/06/2025
13	05/25/2025	06/07/2025	06/09/2025	06/20/2025
14	06/08/2025	06/21/2025	06/23/2025	07/03/2025
15	06/22/2025	07/05/2025	07/07/2025	07/18/2025
16	07/06/2025	07/19/2025	07/21/2025	08/01/2025
17	07/20/2025	08/02/2025	08/04/2025	08/15/2025
18	08/03/2025	08/16/2025	08/18/2025	08/29/2025
19	08/17/2025	08/30/2025	09/01/2025	09/12/2025
20	08/31/2025	09/13/2025	09/15/2025	09/26/2025
21	09/14/2025	09/27/2025	09/29/2025	10/10/2025
22	09/28/2025	10/11/2025	10/13/2025	10/24/2025
23	10/12/2025	10/25/2025	10/27/2025	11/07/2025
24	10/26/2025	11/08/2025	11/10/2025	11/21/2025
25	11/09/2025	11/22/2025	11/24/2025	12/05/2025
26	11/23/2025	12/06/2025	12/08/2025	12/19/2025
1	12/07/2025	12/20/2025	12/22/2025	01/02/2026

Guidance on ways to submit your timesheets.

EVV Time Submission Deadlines

EVV Option 1 approvals and all EVV Option 2-3 timesheets are due by 5 PM on Monday

Vesta EVV CDV link for visit maintenance and approval: https://cdv.vestaevv.com/#/login - (Option 1 Only)

Ways you can submit your Timesheet or Documentation of Tasks worked

Option 1 - HCS & Texas Home Living and EVV option 2 and 3 can use the following methods to submit:

You now have another way to upload your timesheet. https://dsswtx.jotform.com/220174908128051

Scan and email to cds@cdsintexas.com

Fax Numbers

Toll Free(877) 726-4910, Local (210)785-3470. Alternate Numbers: (866) 301-1182 or (866) 462-6671, or (877) 812-3789

Additional Information

CONTACT CDS: If you have questions about payroll please contact us at <u>CUSTOMERSUPPORT@cdsintexas.com</u> or (210) 798-3779 x 0

New Hire Paperwork NEWHIRES@cdsintexas.com Requests for Reimbursement ACCOUNTSPAYABLE@cdsintexas.com FAX 877 - 726 - 4919 or 210 - 785 - 3479

Know your rights! Visit our website for a complete copy of your rights or request it from your Service Advisor.

Complaints

It is your right to register a complaint if you are dissatisfied with your service you receive. To do so, visit https://www.hhs.texas.gov/services/your-rights/complaint-incident-intake or call 1-800-458-9858.

Abuse / Neglect / Exploitation

We all have a responsibility to report abuse, neglect, or exploitation. If an emergency, call 911. To report online, go to: https://www.txabusehotline.org/Login/Default.aspx. To report by phone, call the Texas Abuse Hotline at 1-800-252-5400.

Fraud / Waste / Abuse

You can report suspected fraud, waste, or abuse in Texas Health and Human Services Programs by filling out a report at: https://oig.hhsc.state.tx.us/wafrep/.

To report by phone, call the Texas Office of Inspector General at 1-800-436-6184.

Visit our website for more information and forms: www.cdsintexas.com

DOCUMENTATION OF SERVICES DELIVERED - CDS

Bi-Weekly		*You m	ay email time	sheets to co	ds@cdsintex	as.com or re	eference the p	oay schedule for	the appropriate fax number to send in your timesheet	
	DC	Consumer I	Name:						Program Selection (<mark>Please Circl</mark> e	a)
KAN C	N 2	Employer Name:							TxHmI CLASS PHC DBMD STAR Plus HCS STAR	Kids(MDCP) STAR Kids(PCS)
i	rTexas	Service Pro	vider Name:						Type of Service (Please Circle) HAB PAS PAS/HAB RESPITE Protec	
F	VV 1722 <u>C</u>	ntion 2	and 3	- Times	sheet - I	Hours !	Worked	Docume	ntation Pay Period Number:	
_			8:00 A.M OR 20					Dodamo	,	
DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME	COMMENTS / NARRATIVE	Service:
	Sunday									Hours Vacation
	Monday									Hours Sick
	Tuesday									Hours Holiday
	Wednesday									Bonus
	Thursday									Other
	Friday									
	Saturday									
	Sunday									FMSA Agency Only
	Monday								5	Date Processed:
	Tuesday									
	Wednesday								T .	By Whom:
	Thursday									
	Friday									
	Saturday									FMSA Comments
10/ Ab			- did (Payroll / Pay					
vvas tile CO	nsumer hospitalize	SU OI III AN III	euicai care fa	ionity during	, uns pay per	ious riedse	nat uates:		-	
authorized a	and the services wer	e NOT provid	led while the c	onsumer wa	s in the hospit	al, nursing ho	ome, or the Me	edicaid-reimburse	e with the current tasks d healthcare facility. I	
understand	that falsification of the	nis time sheet	is considered	Medicaid Fra	aud, and may	result in disn	nissal from the	program and crin	inal prosecution.	
	Service Provider S	Signature		Date		Employer or	DR Signature		Date	

CDS in Texas

timesheets to cds@cdsintexas.com or reference the pay schedule for the appropriate fax number to send in your timesheet *You may email

STAR Kids(MDCP) STAR Kids(PCS) Protective Supervision Program Selection (Please Circle) Type of Service (Please Circle)
PAS/HAB RESPITE Protect TXHmI (CLASS) PHC DBMD STAR Plus HCS (SAS) **Employee Name Employer Name Client Name** Service Provider Name: Consumer Name: **Employer Name:**

EVV 1722 Option 2 and 3 - Timesheet - Hours Worked Documentation

Pay Period Number:

Pay Period

Hours Vacation FMSA Agency Only Hours Holiday FMSA Comments Sick Hours Bonus Other Date Processed Service: By Whom: SAMPLE **Cooking, Cleaning, Laundry** COMMENTS / NARRATIVE Laundry, Doctor, Groies **Doctor Appointment** Cooking, Cleaning Cooking, Cleaning Cooking, Cleaning Cooking Cooking TOTAL TIME 2.5 2.5 ന ⊣ ന 2 9 TIME OUT TIME IN TIME OUT TIME IN 10:30 pm 5:30pm **11am** 11am TIME OUT 1 pm 4 pm 9 pm 2 pm **12pm** 3 pm TIME IN 8 am 8 am 3 pm 8 am 7 am 8 am Wednesday Wednesday Monday Saturday Tuesday Thursday Saturday Tuesday Thursday Sunday Sunday Monday Friday Friday DAY 11/01/2023 11/07/2023 11/03/2023 11/09/2023 11/12/2023 10/31/2023 11/08/2023 11/10/2023 DATE

Was the consumer hospitalized or in an medical care facility during this pay period? Please list dates:

Fotal Payroll / Pay Period Hours Delivered:

Employer and Employee here by certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud, and may result in dismissal from the program and criminal prosecution.

Employee Signature with Date

ER/DR Signature with Date

THESE NOTICES MUST BE POSTED WHERE YOUR EMPLOYEES CAN SEE THEM

Equal Employment Opportunity is

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions,

employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

SABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filling, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EMPLOYEE RIGHTS

UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

\$7.25 PER

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY

At least 11/2 times the regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

TIP CREDIT

Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

PUMP AT WORK

The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child's birth each time the employee needs to express breast milk. Employers must provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions. Certain narrow exemptions also apply to the pump at work requirements.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as "independent contractors" when they are
 actually employees under the FLSA. It is important to know the difference between the two
 because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime
 pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be
 paid less than the minimum wage under special certificates issued by the Department of Labor.









Texas Workforce Commission ATTENTION EMPLOYEES

hours are reduced, you may be eligible for unemployment benefit payments. File online at www.twc.texas.gov or call Your employer reports your wages to the Texas Workforce Commission. If you become unemployed or your work 1-800-939-6631. Additional assistance may be available at your local Workforce Solutions Office; please visit the directory at: www.twc.texas.gov/directory-workforce-solutions-offices-services

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of state

To file, you will need to provide your full legal name and your social security number or your authorization to work.

The Texas Payday Law, Title II, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least twice a month and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semi-monthly, and day of the week for employees paid weekly or at other times.)

OTHER:	
WEEKLY:	
SEMI-MONTHLY:	
AONTHLY:	

TO EMPLOYERS: Texas Labor Code section 208.001(b) and 40 T.A.C. 815.1(14)(A) & (B) require that this notice, or its equivalent, be displayed in a location reasonably calculated to be encountered by all employees, and that an employer provide such information, individually, to an employee upon separation from employment.

To report suspected fraud, waste or abuse of the program call 800-252-3642.



Comisión de la Fuerza Laboral de Texas **ATENCIÓN EMPLEADOS**

Su compañía le declaró sus salarios a la Comisión de la Fuerza Laboral de Texas. Si se ve desempleado o si le reducen sus horas llame al 1-800-939-6631. Quizás haya ayuda adicional en la oficina local de Soluciones de la Fuerza Laboral; favor de ir al de trabajo, quizás sea elegible al pago de beneficios de desempleo. Presente una solicitud en línea en <u>www.twc.texa</u> directorio en www.twc.texas.gov/directory-workforce-solutions-offices-services Los Beneficios de Seguro de Desempleo (UI) están disponibles para trabajadores que están desempleados y que reúnen los requisitos de leyes elegibles estatales de UI.

Para solicitar, tendrá que dar su nombre legal completo y su número de seguro social o su autorización para trabajar.

La ley de Día de Paga de Texas, Título II, Capítulo 61, Código Laboral de Texas, requiere que compañías de Texas les paguen a sus empleados exentos de la paga de tiempo extra bajo las estipulaciones de la Ley de Normas Laborales Justas de 1938 cuando menos una vez al mes. Se les debe pagar a todos los otros empleados cuando menos dos veces al mes y cada período de paga deberá de constar lo más cerca posible de un número igual de días.

Días de paga programados: (Debe indicar fecha o fechas del mes para los empleados a quienes se les paga mensualmente, o dos veces al mes, y día de la semana para los empleados pagados semanalmente o en otro momento.)

VARIOS:	
SEMANALMENTE:	
DOS VECES AL MES:	
MENSUALMENTE:	

PARA COMPAÑÍAS: el Código Laboral de Texas fracción 208.001(b) y 40 T.A.C. 815.1(14)(A) & (B) requiere que este aviso, o su equivalente, se muestre en un lugar que razonablemente verían todos los empleados, y que la compañía proporcione información individualmente a un empleado cuando este se separe de su empleo.

Para informar sobre sospechas de fraude, desperdicio o abuso del programa llamar al 800-252-3842.

ATTENTION EMPLOYEES

The Texas Payday Law, Title 2, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least as often as semi-monthly and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semimonthly, and day of the week for employees paid weekly or at other times.)

.Y)NTHLY		
MONTHLY	SEMI-MONTHLY	WEEKLY	OTHER

For more information write or contact the Texas Workforce Commission in Austin or contact your nearest TWC office. TWC offices are located in major cities throughout the state.

TEXAS WORKFORCE COMMISSION

Labor Law Section 101 East 15th Street, Room 514 Austin, Texas 78778-0001 1-800-832-9243 TDD 1-800-735-2989 (Hearing Impaired) TO EMPLOYERS: The law requires that this notice or its equivalent be posted in conspicuous places at your

ATENTO AVISO A LOS EMPLEADOS

patrones de Tejas paguen no menos de una vez al mes a sus empleados que estén eximidos de las La Ley Tejana del Salario Atrasado, Título II, Capítulo 61 del Código del Trabajo de Tejas, exige que los disposiones de la ley de Normas Laborales Justas de 1938, en lo referente al pago de horas adicionales. A todos los demás empleados hay que pagarles no menos de dos veces mensuales, y cada período salarial debe, en la medida de lo posible, tener igual número de días. Días de pago establecidos: (Hay que indicar en qué día(s) del mes se paga a los empleados con salario quincenal o mensual y en qué día de la semana en que se paga a los empleados pagados semanalmente o en algún otro período.)

MENSOAL	
QUINCENAL	
SEMANAL	
OTRO PERIODO	

Tejas 78778 o communicarse con la oficina más próxima de la Comisión. Se encuentran oficinas de la Para mayores informes, sírvase escribir o llamar a la Comisión de la Fuerza Laboral de Tejas, Austin, Comisión en las principales ciudades del estado.

TEXAS WORKFORCE COMMISSION

Labor Law Section 101 East 15th Street, Room 514 Austin, Texas 78778-0001

A LOS PATRONES: La ley requiere fijar este aviso, o un aviso equivante, dentro de su empresa y a la 1-800-832-9243 or TDD 1-800-735-2989 (Hearing Impaired)

LL-10S (1117)















YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you return to work or apply for reemployment in a timely manner
 after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: http://www.dol.gov/vets/programs/userra/poster.htm. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.





U.S. Department of Justice



