mployee Name: Participant Name:						
For initial employment this form should be Notice of Employment form needs to be co Notice of Employment Form must be comp	mpleted if an employe	e's pay rat	e, scheduled hour			
To begin the change of pay process AIM Ser Self-Direction budget that incorporates a ra <u>Employee Payrate</u> : Employee payrate you i	ite equal to or higher t	nan the er	nployee's payrate	indicated below.		
	Employe	e Payrate				
Community Habilitation (CH)	Respite			Supported Employment (SEMP)		
AIM Rate Cap: \$32.50	AIM Rate	AIM Rate Cap: \$20		AIM Rate Cap: \$34		
\$	\$		\$	\$		
Average hours per Week:				Average hours per week:		
rate of pay that you have contracted for the weekends or overnights to encourage staffi with your support team.	ng hours. Reasoning a	nd use of t	he differential is y	=		
Differential Payrate						
Community Habilitation (CH)		Respite				
\$		\$				
Employee Schedule: Employees must have general schedule of supports agreed upon to the proposed schedule cannot over Employee cannot be routinely schewer Employee should have one schedule.	pelow (include a start a erlap with the employe eduled over 40 hours a	nd end tir e's pre-ex week	ne for each sched	uled day).	·	
Sunday Monday	Tuesday Wedi	nesday	Thursday	Friday	Saturday	
Employee Status: Indicate employee's statu individuals). If a new employee status is not Per Diem (1-19 hours)		sumed the	employee is rema		_	
Authorization: Both signatures are required	to being processing th	ie Notice o	of Employment Fo	rm		
Employee Signature:			Date:			
Participant/Representative Signature:			Date:			

Benefit Information will be offered to all eligible employees