



Congratulations!

I hope this letter finds you mutually excited about joining the Legacy Empowerment Services team as we are to have you!

As a result of the mission statement and philosophy, Legacy Empowerment Services seeks to hire individuals that are committed to providing the highest quality services to individuals of all ability levels. Staff is expected to approach problems with creativity and outside-the-box thinking; handle others with patience, understanding, and respect; and maintain a cohesive, team-oriented work environment. All employees must share in Legacy's person-first philosophy.

Please make sure you are responsive with emails. Periodically, you will receive emails and or calls from us sharing information such as policy updates, payroll information, meetings, fun events, and required trainings. We have an open-door policy with all staff and are accessible via email, phone calls/text, or meetings.

For all payroll, absences or HR specific questions please contact:

Anthony Perez  
[anthony.perez@legacynj.org](mailto:anthony.perez@legacynj.org)  
732-523-0769 ext.701

For all training and professional development related questions please contact:

Monica Maniscalco  
Director of Education  
[monica.maniscalco@legacynj.org](mailto:monica.maniscalco@legacynj.org)  
732-523-0769 ext.708

For all emergencies or general questions please contact:

Dana White  
Executive Director  
[dana.white@legacynj.org](mailto:dana.white@legacynj.org)  
732-523-0769 ext. 702

Best Regards,  
Legacy Executive Team  
Anthony, Monica, and Dana

## Letter from CEO

Welcome aboard! I am pleased to have you working with us. I hope that you will find your work to be rewarding, challenging, and meaningful.

At Legacy we don't focus on problems-only solutions. We strive to focus on our clients potential and maintain a professional and positive outlook at all times. We are committed to providing our clients with quality services and to serve the most individuals we can. Please feel free to let us know if you have any ideas to improve the efficiency and services we provide.

I will expect your best each day. I'm looking forward to seeing you grow and develop into an outstanding employee that will uphold our company's mission and values. The keys to your success will be in exhibiting our 5 company core values:

1. Committed-We do what we say we're going to do.
2. Collaborative-We work as a team.
3. Client Focused-We put our clients first.
4. Competitive-We only hire the best and think outside the box to help our clients.
5. Caring-We have empathy and respect for one another, our clients, and the communities we serve.

I trust that you are up for the task. Your supervisors are here to support you every step of the way. If you have any questions or concerns you can email me directly at [mayra.martinez@legacynj.org](mailto:mayra.martinez@legacynj.org) or 732-523-0769 ext. 700. My "door" is always open.

Sincerely,

Mayra Martinez  
Legacy Empowerment Services  
Chief Executive Officer

## Welcome Packet

Prior to starting employment, please review all policies and complete forms. We are here to assist you with your employment success with Legacy Empowerment Services.

### Forms Included

- New Employee Worksheet
- Form W-4
- Form I-9\*
- Background Check Authorization
- Fingerprint Memo
- Appendix A-Permission for Background Check and Release of Information
- Central Registry Consent Form
- Non-Solicitation/Non-Disclosure Agreement
- Stephen Komminos Law
- COVID -19 Safety Policies and Procedures
- Legacy's Employee Training and Development Policy
- Attendance and Reporting Policy
- Cell Phone Policy
- Corrective Action Plan Acknowledgement
- Agreement to Borrow Equipment (optional)
- Employee Information Sheet (direct deposit)

### Return forms with the following documentation:

- Form I-9 should include documents that establish identity and employment authorization
- UEID number can be found on receipt upon completion of fingerprinting
- Relevant licenses, certifications, or proof of enrollment

**Return paperwork to:**

Anthony Perez

Email: [anthony.perez@legacynj.org](mailto:anthony.perez@legacynj.org)

or

Fax: 848-228-3148



**New Employee Information**

Full legal name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred name (if any): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ NJ: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Venmo, Zelle, or Cash App username: \_\_\_\_\_

\_\_\_\_\_

**Certifications and trainings**

Degree: \_\_\_\_\_

CPR: \_\_\_\_\_ Valid through date \_\_\_\_\_

*Other relevant certifications and trainings completed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to individual: \_\_\_\_\_

**Travel and Availability**

What areas are you willing to travel to when working with Legacy clients?

**Availability:**

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

List any dates that you anticipate not being able to work (vacations, prior commitments/appointments):

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# 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.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### 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](http://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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**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](http://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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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.

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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 possessions 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>6. 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 and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. \_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.

Legacy Empowerment Services  
Phone: 732-523-0769 Fax: 848-228-3148  
info@legacynj.org | www.legacynj.org

# MEMO

To: Legacy Empowerment Services Staff  
From: Anthony Perez, [anthony.perez@legacynj.org](mailto:anthony.perez@legacynj.org), (848) 667-1323  
CC: Mayra Martinez, [mayra.martinez@legacynj.org](mailto:mayra.martinez@legacynj.org)  
Date: 10/26/2020  
Re: Required Fingerprint Procedure

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- a. Contact IDEMIA by calling the toll free number (1-877-503-5981) or by logging onto <https://uenroll.identogo.com> to arrange for an appointment. It is important to arrive promptly at the designated time. The telephone lines are open between the hours of 8:00 AM and 5:00 PM Eastern Standard Time, Monday through Friday and Saturday from 8:00 am-12:00 noon.
  - b. Enclosed is the **Fingerprint Service Code Form** which has the coded needed to schedule your appointment. Bring this form with you to your appointment.
  - c. At the fingerprint site, you will be required to show one government issued photo identification (such as a driver's license with a photo or passport) that includes name, address and date of birth.
  - d. Once fingerprinted IDEMIA will provide you with a receipt. The receipt will display a UEID. **Sign the enclosed Appendix A in front of a witness and email a photocopy of the IDEMIA receipt to [Anthony.perez@legacynj.org](mailto:Anthony.perez@legacynj.org).**
-

## Fingerprint Service Code Form

**Service Name:** Agency Name

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

**2F16S7**

When prompted, please enter the following:

Contributor Case Number: \_\_\_\_\_ PC 3334

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

**Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.**

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License(EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Coastguard Merchant Mariner Card
- U.S. Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

**IMPORTANT!** Retain your receipt of fingerprinting and return promptly to your employer.



Don't have access to the Internet? You can still schedule an appointment by calling **877.503.5981**.

**APPENDIX A**  
**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,**  
**PERMISSION FOR BACKGROUND CHECK AND RELEASE OF**  
**INFORMATION**

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services.

**Check one of the options listed below.**

Option 1 \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 \_\_\_\_\_ I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_  
on \_\_\_\_\_.  
(date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

**Offenses covered under P.L. 1999, C. 358:**

In New Jersey, any crime or disorderly person offense:  
-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children

- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

**FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.**

**PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.**

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\_\_\_\_\_  
Employee Name (please print)      Employee Signature

\_\_\_\_\_  
Witnessed by (please print)      Witness Signature



The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Registry

N.J.A.C. 10:44D

State of New Jersey Department of Human Services Office of Program Integrity and Accountability
PO Box 700 Trenton, NJ 08625

Please Complete the Following Information:

Employee/Volunteer Last Name: First Name:

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: Last Four (4) Digits of Social Security Number:

Agency/Facility Name:

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) Signature Date

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: Date: Listed on Registry Yes No

This document should be maintained in the employee's personnel file. Do not return to DHS.

**LEGACY EMPOWERMENT SERVICES, LLC**  
**NON-SOLICITATION AND NONDISCLOSURE AGREEMENT**

I, \_\_\_\_\_, (called the “Employee”) in consideration for and as a condition of my initial or continued employment as an employee of Legacy Empowerment Services, LLC (called the “Company”), agree with the Company as follows:

**1. Non-Solicitation.** While I am employed by the Company and for a period of one (1) year after my employment with the Company ends (for any reason), I will not directly or through another person or agency perform any work for an individual or company who the Company provided services to at any time before or during my employment with the Company. While I am employed by the Company and for a period of one (1) year after my employment with the Company ends (for any reason), I will not solicit or discuss with any employee of the Company the employment of such Company employee by any company or individual, other than for the benefit of the Company, nor recruit, attempt to recruit, hire, or attempt to hire any such Company employees other than on behalf of the Company.

**2. Non-disclosure obligation.** I will not at any time, whether during or after the termination of employment (for any reason), reveal to any person or entity (both commercial and noncommercial any of the trade secrets or confidential business information concerning the Company, including but not limited to its pricing and costing policies, customer and employee lists and accounts, or nonpublic financial information of the Company. The Employee shall keep secret all matters of such nature entrusted to him/her and shall not use or disclose any such information for the benefit of any third party which may injure or cause loss to the Company, whether directly or indirectly.

**3. Miscellaneous.** Any waiver by the Company of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach. This Agreement shall be governed by, and construed in accordance with, the laws of the Commonwealth of New Jersey. The Employee understands that this Agreement does not create an obligation on the part of the Company to continue the Employee’s employment with the Company. The Employment is employed as an employee “at will”, meaning that Employee’s employment may be terminated by him/her or by the Company at any time, for any reason, with or without cause or notice.

IN WITNESS HEREOF, the Employee and the Company have executed this Agreement as of \_\_\_\_\_ (date).

**EMPLOYEE**

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Stephen Komninos' Law**

### **Background**

The Stephen Komninos' Law was enacted in 2017. The law requires that a person applying for employment as a Self-Directed Employee in the Division of Developmental Disabilities (DDD) Self-Directed Option consent to drug testing. The testing will be for dangerous controlled substances. Any individual who will not consent to drug testing cannot be considered for hire.

The Department of Human Services (DHS) will cover the cost of the drug test. Drug testing will consist of urine screening for the following controlled, dangerous substances:

- Marijuana
- Cocaine
- Opiates - including heroin, codeine/morphine, and prescribed semi-synthetic opioids
- Amphetamines/Methamphetamines, and
- Phencyclidine (PCP)

The law states that an applicant who tests positive for the unlawful use of any controlled dangerous substance is not eligible for hire. If you have a positive drug screen for unlawful use of any controlled dangerous substance you cannot be hired to work in the DDD Self-Directed Option. However, if you test positive, you will be given an opportunity to speak with the Quest Diagnostics' Medical Review Officer (MRO) within 24 hours to discuss any relevant, legitimate medical explanations, such as a current prescription. During this review process, you cannot be hired to work in the DDD Self-Directed Option.

### **Pre-Enrollment Drug Testing**

#### **What to Expect:**

1. Upon confirming your email address after your Enrollment Packet is processed, i3screen, the DHS Drug Testing Vendor, will email a Pre-Enrollment Drug Testing Order to you.
2. The Pre-Enrollment Drug Testing Order requests you to schedule an appointment at one of the Quest Diagnostic medical centers nearest to you, providing this service. Appointments are scheduled through the i3screen portal. The link to the i3screen portal is provided in your email.
3. You will have two (2) business days to make and complete your drug test appointment, so please check your email often during your enrollment period. Failure to keep your scheduled appointment or completing your drug test within the required two (2) business days may be considered a refusal and your enrollment may be suspended.
4. Please note, we will use the e-mail address you provided in your Employee Enrollment Packet to request your Pre-Enrollment Drug Testing Order email. If you'd like to update your e-mail, please call Public Partnerships customer service as soon as possible at 1-844-842-5891.

5. At your appointment, you will be asked to provide a urine sample. Your urine sample will be sent to a regional testing center. Negative results will be provided to the Division of Developmental Disabilities within 48 hours. Positive results may take longer.

6. In the event of a positive test result, a Medical Review Officer will contact you to discuss the results. Failure to respond to the MRO within 24 hours will be considered a non-contact positive and your enrollment may be suspended.

### **Stephen Komninos' Training**

In addition to Pre-Enrollment Drug Testing, you must complete training on The Stephen Komninos' Law through the College of Direct Supports (CDS) web portal. You will have six (6) months to complete the training upon hire. You will receive your CDS login credentials via e-mail.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Legacy Empowerment Services**  
**COVID -19 Safety Policies and Procedures**

We are committed to ensuring that our staff and participants are safe at all times. We ask that all staff and participants contact Legacy office or direct supervisor immediately if any of the above events occur.

Please note Legacy Empowerment Services will not disclose any Covid-19 related information of a staff/participant. Those who have been possibly exposed will be immediately notified per CDC guidelines and as set forth in this brief.

**Coronavirus (COVID-19) company policy**

In this Coronavirus (COVID-19) company policy, you'll find all the essential guidelines employees should follow during the coronavirus outbreak and temporary alterations of existing sick leave and work from home policies.

**Policy brief & purpose**

This company policy includes the measures we are actively taking to mitigate the spread of coronavirus. You are kindly requested to follow all these rules diligently, to sustain a healthy and safe workplace in this unique environment. It's important that we all respond responsibly and transparently to these health precautions. We assure you that we will always treat your private health and personal data with high confidentiality and sensitivity.

This coronavirus (COVID-19) company policy is susceptible to changes with the introduction of additional governmental guidelines. If so, we will update you as soon as possible by email.

**Scope**

This coronavirus policy applies to all company personnel. We strongly recommend to our remote working personnel to read through this action plan as well, to ensure we collectively and uniformly respond to this challenge.

**Policy elements**

Here, we outline the required actions employees should take to protect themselves and their co-workers from a potential coronavirus infection.

Questions?

Email: Dana White at [dana.white@legacynj.org](mailto:dana.white@legacynj.org)

Phone: 732-523-0769

## Action Plan

### Personnel Prevention Measures

- If you have cold symptoms, such as cough/sneezing/fever, or feel poorly, request sick leave or work from home.
- If you have a positive COVID-19 diagnosis, you can return to the office *only after* you've fully recovered, with documentation confirming that you are negative
- If you are feeling ill, but you are able to work, you can request to work from home.
- If you have recently returned from areas with a high number of COVID-19 cases (based on [CDC](#) announcements), we'll ask you to work from home for 14 calendar days, and resume in-person services only if you are fully asymptomatic. You will also be asked not to come into physical contact with any colleagues and clients during this time.
- If you've been in close contact with someone infected by COVID-19, with high chances of being infected yourself, request work from home. You will also be asked not to come into physical contact with any colleagues and clients during this time.
- If you're a parent and you have to stay at home with your children, request work from home. Follow up with your manager or departmental leader to make arrangements and set expectations.
- If you need to provide care to a family member infected by COVID-19, request work from home. You'll only be permitted to resume in-person services 14 calendar days after your family member has fully recovered, provided that you're asymptomatic or you have a doctor's note confirming you don't have the virus. You will also be asked not to come into physical contact with any colleagues and clients during this time.

### Company Prevention Measures

- All in-person work events and meetings will be cancelled/postponed until further notice.
- All service sessions must be limited to just 1 staff at a time.
- Telephone screen all clients for symptoms consistent with COVID-19 or exposure to a person with COVID-19 before each visit. Ask the client:
- Company meetings and trainings will be conducted virtually where possible
- If you normally commute to the office or meetings by public transportation or ride share and do not have other alternatives, you can request to work from home as a precaution.
- If you are planning to travel voluntarily to a high-risk country with increased COVID-19 cases, we'll ask you to work from home for 14 calendar days. You will also be asked not to come into physical contact with any colleagues and clients during this time.
- Covid-19 Safety Measures Training

### **For Staff Providing In-Person Services**

Please initial and sign agreement of Covid-19 safety measures

\_\_\_\_\_ **I will stay home if I am having symptoms consistent with COVID-19.**

- Follow [CDC recommended steps](#) and [isolate](#) yourself if you are sick.
- Talk with your supervisor and do not return to work until it's safe. Check [When You Can be Around Others After You Had or Likely Had COVID-19](#) and talk to your healthcare provider
- I will Follow [CDC recommended precautions](#) and tell your supervisor that you have been exposed to a person with COVID-19 even if you are well.
- Do not work with clients in-person until your [quarantine](#) period is completed.

**Take your temperature before the start of each work shift. Stay home if you have a fever of 100.4°F or greater and follow above step.**

\_\_\_\_\_ **I will pre-screen all clients for symptoms consistent with COVID-19 or exposure to a person with COVID-19 before each visit. If I'm unable to conduct the screening, I will let my supervisor know so the screening can be completed on my behalf.**

\_\_\_\_\_ **If you are made aware that your client has been exposed, has symptoms, or tests positive for COVID-19:**

- Cancel your in-person appointment, unless you are an essential caregiver or aide. Encourage your client to contact their healthcare provider or help them contact their provider, if assistance is needed. Notify your supervisor right away.
- Essential caregivers or aides: If hospitalization for your client is not needed, your client may require assistance with home care for COVID-19.
  - See [guidance for implementing home care](#) for people not requiring hospitalization.
  - Follow recommended [infection prevention and control measures](#), including the use of recommended personal protective equipment (PPE).
  - **If there is potential that you may be splashed or sprayed by body fluids during your work, [use standard precautions](#) and [PPE](#).**

\_\_\_\_\_ **Before arriving at each client's home, I will evaluate myself for symptoms and stay at least 6 feet away from clients and others in clients' homes, including pets, whenever possible.**

- Remember that people may be able to spread virus even if they do not show symptoms. Consider all close interactions (within 6 feet) as a potential source of exposure.

\_\_\_\_\_ **I will use a mask as appropriate.**

- Masks offer some protection to you and are also meant to protect those around you, in case you are unknowingly infected with the virus that causes COVID-19.
- Wear a [mask](#) in addition to maintaining a distance of at least 6-feet away from clients. When scheduling appointments with clients via telephone or online, ask them to wear a mask while the service provider is in the home.

- Wearing masks may be difficult for people with sensory, cognitive, or behavioral issues. Masks are not recommended for children under 2 or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

\_\_\_\_\_ **I will follow basic hygiene procedures to prevent Covid-19.**

- [Wash Hands](#) often with soap and water for at least 20 seconds. You do not need to wear gloves if you wash your hands often (unless they are already required for your job or specific job-related tasks).
- Use a hand sanitizer with at least 60% alcohol if soap and water are not available.

Wash your hands or use hand sanitizer, if soap and water are not available, at these key times:

- As soon as you enter a client’s home
- Before, during, and after preparing food
- Before eating food
- Before and after physical contact with a client
- Before putting on and after touching or removing masks
- After using the restroom
- After blowing your nose, coughing, or sneezing
- After touching animals or pets, their food, or supplies
- After changing a diaper
- After caring for someone who is sick
- After contact with surfaces frequently touched by multiple people
- After cleaning surfaces frequently touched by multiple people
- After leaving a client’s home
- After leaving a public place
- Do not touch your eyes, nose, or mouth.
- Cover your [coughs and sneezes](#) when not wearing a mask.
- Do not remove mask for coughs and sneezes.
- When not wearing a mask, use tissues to cover your mouth and nose when you cough or sneeze.
  - Throw used tissues in the trash and wash your hands or use hand sanitizer, if soap and water are not available.

If at any point while in a client’s home, or after you leave, you develop a fever of 100.4°F or greater or any other symptoms consistent with COVID-19, keep your mask on, inform the client and leave the home.

**Contact Dana White immediately to arrange for medical evaluation and testing.**

If you test positive for COVID-19, your supervisor will need to notify any clients you visited during the period from two days before your symptom onset (or two days before your test if you are asymptomatic) until you meet criteria to [discontinue isolation](#).

## Covid-19 Pre-Screen Call

For symptoms consistent with COVID-19 or exposure to a person with COVID-19 before each visit. Cancel your in-person and contact a supervisor if your client has symptoms for Covid-19.

1) **“In the past two weeks have you or someone you live with had contact with someone diagnosed with COVID-19?”**

2) **“Do you have a fever or have you felt hot or feverish in the last two days?”**

3) **“Were you able to take your temperature with a thermometer?”**

**-If yes**, ask “What was your temperature?” and “When did you take it?”

**Note:** With COVID-19, fever can come and go, and some people might not have a fever at all. Fever is less likely in people with some underlying [medical conditions](#), [older adults](#), and people taking certain fever-reducing medications, such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and aspirin.

**-If no**, ask “Are you experiencing shaking, chills, or sweating? Do you feel warm to the touch?”

4) **“Do you have a new or worsening cough today?”**

5) **“Do you have any of these [other symptoms](#)?”**

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Acknowledgment**

I have received and read a copy of Legacy Empowerment Services' COVID-19 Safety Policies and Procedures and agree to follow all procedures.

I understand that failure to fully comply with any of these policies may result in corrective action and may include termination.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Legacy's Employee Training and Development Policy**

### **Policy Purpose -**

The purpose of this policy refers to the expectations of Legacy's staff to complete required training and professional development. Staff is expected to complete 12 hours of training and professional development per year. Any questions regarding this policy, ongoing training and professional development should be addressed to Monica Maniscalco, Director of Education and Training ([monica.maniscalco@legacynj.org](mailto:monica.maniscalco@legacynj.org), 732-523-0769).

Ongoing job training and professional development will give Legacy's staff the tools needed to perform their jobs with confidence, improve efficiency and productivity as well as provide our clients with exceptional service. Although Legacy management is responsible for providing employees with ongoing training, it is encouraged that employees make suggestions if they are interested in any specific topic(s) or training.

This policy applies to all permanent, full-time, and part-time employees of Legacy. Training is based on requirements set forth by NJ Department of Developmental Disabilities (DDD) and at the discretion of Legacy management. Failure to comply with or complete the required training may result in disciplinary action including termination.

### **What is meant by training and professional development?**

The following covers the terms and conditions that fall within training and professional development:

- Formal training sessions (individual and/or in group setting)
  - Internal trainings as directed by Legacy management team
  - Training provided by professional outlets such as College of Direct Supports, Bogg's Center or NJ Department of Developmental Disabilities, etc.
  - On-the-job training
  - Shadowing
-

### **Legacy Specific Trainings-**

Legacy will occasionally invite industry professionals to speak at staff meetings. This will count towards completion of the yearly requirement of 12 hours. Examples of Legacy specific trainings may include:

- Trainings for new employees
- Diversity training
- Leadership training for managers
- Training teams for Legacy specific requirements such as new systems and/or policy changes
- Trainings for new roles and/or responsibilities

**Ongoing mandatory professional development will take place on the second Thursday of each month at 9:15am.** Please plan your schedule accordingly.

### **Cancellation or Missed Training/Professional Development**

If an employee decides to drop or cancel a class, they must immediately inform the Director or Education and Training and their immediate supervisor.

**Legacy's Employee Training and Development Policy Acknowledgement**

I, \_\_\_\_\_ (PRINT NAME) an employee of Legacy Empowerment Services, LLC hereby acknowledge, I have read, understand and received a copy of **Legacy's Employee Training and Development Policy**. I further agree to complete all training set forth by Legacy within the required time frames as indicated by Legacy and as a condition of employment. I understand that if I do not pass or do not complete these required trainings, may result in disciplinary action including termination and I will not be eligible to provide Medicaid services to DDD clients

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

## **Attendance and Reporting Policy**

### **Expectation**

Our clients expect the highest level of professionalism when receiving services from Legacy Empowerment Services (Legacy). Consequently, we must make every effort to adhere to the scheduled sessions. Your reliability along with your communication skills will be evaluated at the end of your probationary period and will be monitored regularly.

Timeliness is a key factor in the ongoing success of Legacy. It is important that staff are on time for sessions with clients as well as staff meetings. This includes both in person and virtual sessions. As a member of the Legacy team you are expected to review and sign this attendance policy before you sign your offer letter.

### **Missed Sessions or Staff Meetings**

You must provide your Supervisor with 24 hour notification if you anticipate to miss a session with a client or a staff meeting. In the event of an emergency, where you have to miss a session, or a mandatory meeting, you must inform your Supervisor immediately. Whenever possible, Legacy will offer your client a substitute. If a substitute is unavailable or if the client and/or family chooses to not accept a substitute, you will be expected to make up the session at a later time. Please keep in mind that two sessions within the same week may be necessary in order to accommodate the missed session. The determination of excessive absenteeism, will be made at the discretion of the executive team.

Absences from two consecutive scheduled staff meetings without properly notifying your Supervisor will be considered a voluntary resignation. Additionally, frequent tardiness, or late submissions of documentation may lead to a limited or reduction in cases, effect promotions, and can lead to termination per our

### **Activity Reports**

After services are rendered an Activity Report should be submitted within 24 hours of the service(s) provided. Late reports will be processed for the next pay period-No exceptions!

Activity Reports should be clear and should include the following: Staff Action, Member Response, Intervention, Continuation of Service and Method of Service Delivery (Refer to Writing Effective Notes ). This will assist Legacy with maintaining measurable progression and reporting accountability.

### **Medical Appointments**

Medical and dental appointments should be scheduled around your assigned work hours.

**ATTENDANCE AND REPORTING ACKNOWLEDGEMENT**

I, \_\_\_\_\_, (PRINT NAME) hereby acknowledges I have read, understand, and received a copy of LEGACY's Attendance & Reporting Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Cell Phone Policy**

The Legacy Empowerment Services cell phone policy offers guidelines for using personal and company cell phones during client visits. This policy applies to all Legacy employees.

The purpose of this policy is to help us all get the most out of the advantages cell phones while minimizing distractions, accidents and frustrations that improper cell phone use can cause the families we are working with and the clients that we serve.

### **Cell Phone Restrictions During Client Visits -**

1. Employees are not permitted to use cell phones during client visits unless it is part of the curriculum. Please remember that cell phones can be distracting to our clients.
2. Texting during client visits is not permitted.
3. Surfing the internet or gaming and conducting personal tasks is strictly prohibited .

### **Cell Phone as a Teaching Tool -**

1. Whenever possible teaching should take place on the client's laptop, computer or tablet.
2. Please alert your Supervisor if your client does not have or is in the need of equipment.

### **Cell Phone as a Safety Tool -**

1. In the event of an emergency or to call 911 while working with a client, employees are asked to follow-up with a Supervisor.
2. Safety is important and thus cell phones should not be used while operating a vehicle.

### **Personal Emergencies**

We understand there are times when emergencies take place. If you must take a call during a client visit and need to leave please alert your Supervisor immediately.

**CELL PHONE POLICY ACKNOWLEDGEMENT**

I, \_\_\_\_\_, (PRINT NAME) hereby acknowledges I have read, understand, and received a copy of LEGACY"s Cell Phone Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Corrective Action Acknowledgement Form

The purpose of this written acknowledgement form is to provide Legacy staff with a written explanation of the Corrective Action Process. Legacy Empowerment Services has a **three-step** process when issuing corrective action plans to its staff.

The **first step** is called the **verbal warning**. A staff member will always receive a verbal warning about the incident(s) brought before them.

If the incident continues to occur then a **second step** a **written warning** will proceed where the staff member will be asked to participate in a mediation meeting with their direct supervisor to discuss the incident. At this meeting, a “Corrective Action Form” will be filled out by their supervisor, given to the staff member and signed by both parties. The supervisor will then set a date which will include a supervision session to discuss improvements of the action.

If improvements have not been made by the staff member, the direct supervisor will then proceed to **step three** which is **suspension**. During suspension, the staff member will not be allowed to work/communicate with any Legacy Empowerment Services participant. If Legacy makes the decision to suspend the staff member, the dates of suspension will be documented and communicated with the staff member. The staff member does not receive pay for the period of time they are suspended.

Every phase of the corrective action process excluding a verbal warning (does not require signature of staff) will be signed and filed in the employee’s folder for future reference.

**Please take note the Legacy Empowerment Services will use the corrective action plan for most, however, not all incidents. Some serious incidents may result in immediate termination and the possibility of further action if required based on the severity of the incident or action.**

Examples of incidents include but are not limited to the following:

1. Failing to complete assigned job requirements
2. Failing to submit required documentation in 24hr of the service provided(unless otherwise discussed with supervisor and approved)
3. Failing to attend mandatory training/company meetings (unless otherwise discussed with supervisor and approved)
4. Failing to communicate important information to designated officers
5. Inappropriate conduct with Legacy clients and/or staff
6. Falsification of documentation



Please note that Legacy Empowerment Services has the right to terminate an employee's position during any phase of the corrective action process. By signing below you acknowledge the receipt of this corrective action form and that its contents have been discussed with you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**LEGACY EMPOWERMENT SERVICES**  
**CORRECTIVE ACTION FORM**  
(Administrative/Staff/Instructors)

EMPLOYEE: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

**TYPE OF ACTION:**

Verbal Warning

Written Warning

Suspension: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Termination: Effective: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Description of the Incident(s) or Behavior(s):**

**Reported by:**

**Other Individuals who may have information:**

**Supporting Evidence, if any (please describe; attach copies of any documentation):**

**Employee's Comments:**

**Other Individuals who may have information:**



**Supporting Documentation, if any (please describe; attach copies of any documentation):**

**Corrective Action Plan:**

**Next Action Step if Problem Continues:**

**Follow up**

Two weeks  One month  Three months  Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

---

Employee Signature Date

---

Manager/Supervisor Signature Date

## Corrective Action Acknowledgement Form

The purpose of this written acknowledgement form is to provide Legacy employees with a written explanation of the Corrective Action Process . Legacy Empowerment Services has a **three step** process when issuing corrective action plans to its employees.

The **first step** is called the **verbal warning**. An employee will always receive a verbal warning about the incident(s) brought before them.

If the incident continues to occur then a **second step** a **written warning** will proceed where the employee will be asked to participate in a mediation meeting with their direct supervisor to discuss the incident. At this meeting, a “Corrective Action Form” will be filled out by the supervisor, given to the employee and signed by both parties. The supervisor will then set a date which will include a supervision session to discuss improvements of the action.

If improvements have not been made by the employee, the direct supervisor will then proceed to **step three** which is **suspension**. During suspension, the employee will not be allowed to work/communicate with any Legacy Empowerment Services client. If Legacy makes the decision to suspend the employee, the dates of suspension will be documented and communicated with the employee. The employee does not receive pay for the period of time they are suspended.

Every phase of the corrective action process excluding a verbal warning (does not require signature of staff) will be signed and filed in the employee’s folder for future reference.

**Please take note the Legacy Empowerment Services will use the corrective action plan for most, however, not all incidents. Some serious incidents may result in immediate termination and the possibility of further action if required based on the severity of the incident or action.**

Examples of incidents include but are not limited to the following:

1. Failing to complete assigned job requirements
2. Failing to submit required documentation in 24hr of the service provided(unless otherwise discussed with supervisor and approved)
3. Failing to attend mandatory training/company meetings(unless otherwise discussed with supervisor and approved)
4. Failing to communicate important information to designated officers
5. Inappropriate conduct with Legacy clients and/or staff
6. Falsification of documentation

Please note that LegacyEmpowerment Services has the right to terminate an employees position during any phase of the corrective action process. By signing below you acknowledge the receipt of this corrective action form and that its contents have been discussed with you.

---

Employee Signature

---

Date

**LEGACY EMPOWERMENT SERVICES**  
**CORRECTIVE ACTION FORM**  
(Administrative/Staff/Instructor Employees)

EMPLOYEE: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

**TYPE OF ACTION:**

- Verbal Warning
- Written Warning
- Suspension:    Begins: \_\_\_\_\_                      Ends: \_\_\_\_\_
- Termination:    Effective: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_                      Time of Incident: \_\_\_\_\_

**Description of the Incident(s) or Behavior(s):**

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**Reported by:**

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**Other Individuals who may have information:**

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**Supporting Evidence, if any (please describe; attach copies of any documentation):**

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**Employee's Comments:**

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**Other Individuals who may have information:**

---

**Supporting Documentation, if any (please describe; attach copies of any documentation):**

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**Corrective Action Plan:**

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**Next Action Step if Problem Continues:**

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**Follow up**

- Two weeks       One month       Three months       Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

---

Employee Signature

---

Date

---

Manager/Supervisor Signature

---

Date

**Agreement to Borrow Equipment  
Release of Liability**

I, \_\_\_\_\_, am borrowing equipment from Legacy Empowerment Services. The rental period for my equipment is for the duration of my employment or contract with the company.

\_\_\_\_ (Initials) I understand that it is my responsibility to return the equipment at the end of my rental period. I agree to return the equipment in the same condition that it was in on the day I rented it, with normal wear and tear.

\_\_\_\_ (Initials) I understand that there is no charge for the rental of the equipment. However, in the event that the equipment is lost or destroyed during my rental period, I agree to replace the equipment at my own expense.

\_\_\_\_ (Initials) Upon renting the equipment, I agree to use the equipment appropriately. Employees may not use Legacy Empowerment Services's equipment to retrieve or store any communications or other content of a defamatory, discriminatory, harassing or pornographic nature. No messages with derogatory or inflammatory remarks about an individual's race, age, disability, religion, national origin, physical attributes or sexual preference may be transmitted. Harassment of any kind is prohibited.

I have read and fully understand this policy. I understand that my use of Legacy Empowerment Services's technology constitutes full acceptance of the terms of this policy

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee Information Sheet**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Withholding status: \_\_\_\_\_ (example: Single 0, Married 2)

Hire Date: \_\_\_\_\_ Terminated Date: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per hour OR \$ \_\_\_\_\_ per pay

**Direct Deposit Information**

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Circle one:

Checking Account

Savings Account

Full pay deposited into this account? Yes or No

If not, amount deposited into this account? \$ \_\_\_\_\_ or \_\_\_\_\_ %

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Circle one:

Checking Account

Savings Account

Amount deposited into this account? \$ \_\_\_\_\_ or \_\_\_\_\_ %



## Legacy Empowerment Services Payroll Calendar Year 2021

Start Date	End Date	<b><u>Activity Report Submitted by:</u></b>	Pay Date
12/31/2020	01/08/2021	<b><u>01/08/2021 by 5pm</u></b>	01/15/2021
01/09/2021	01/22/2021	<b><u>01/22/2021 by 5pm</u></b>	01/29/2021
01/23/2021	02/05/2021	<b><u>02/05/2021 by 5pm</u></b>	02/12/2021
02/06/2021	02/19/2021	<b><u>02/19/2021 by 5pm</u></b>	02/26/2021
02/20/2021	03/05/2021	<b><u>03/05/2021 by 5pm</u></b>	03/12/2021
03/06/2021	03/19/2021	<b><u>03/19/2021 by 5pm</u></b>	03/26/2021
03/20/2021	04/09/2021	<b><u>04/09/2021 by 5pm</u></b>	04/16/2021
04/10/2021	04/23/2021	<b><u>04/23/2021 by 5pm</u></b>	04/30/2021
04/24/2021	05/07/2021	<b><u>05/07/2021 by 5pm</u></b>	05/14/2021
05/08/2021	05/21/2021	<b><u>05/21/2021 by 5pm</u></b>	05/28/2021
05/22/2021	06/04/2021	<b><u>06/04/2021 by 5pm</u></b>	06/11/2021
06/05/2021	06/18/2021	<b><u>06/18/2021 by 5pm</u></b>	06/25/2021
06/19/2021	07/09/2021	<b><u>07/09/2021 by 5pm</u></b>	07/16/2021
07/10/2021	07/23/2021	<b><u>07/23/2021 by 5pm</u></b>	07/30/2021
07/24/2021	08/06/2021	<b><u>08/06/2021 by 5pm</u></b>	08/13/2021
08/07/2021	08/20/2021	<b><u>08/20/2021 by 5pm</u></b>	08/27/2021
08/21/2021	09/03/2021	<b><u>09/03/2021 by 5pm</u></b>	09/10/2021
09/04/2021	09/17/2021	<b><u>09/17/2021 by 5pm</u></b>	09/24/2021



09/18/2021	10/08/2021	<b><u>10/08/2021 by 5pm</u></b>	10/15/2021
10/09/2021	10/22/2021	<b><u>10/22/2021 by 5pm</u></b>	10/29/2021
10/23/2021	11/05/2021	<b><u>11/05/2021 by 5pm</u></b>	11/12/2021
11/06/2021	11/19/2021	<b><u>11/19/2021 by 5pm</u></b>	11/26/2021
11/20/2021	12/10/2021	<b><u>12/10/2021 by 5pm</u></b>	12/17/2021
12/11/2021	12/24/2021	<b><u>12/24//2021 by 5pm</u></b>	12/31/2021
12/25/2021	01/07/2022	<b><u>01/07/2022 by 5pm</u></b>	01/14/2022

**Please note:**

**\*If activity reports are not received by submission date, payment will not be processed until the following pay period. NO EXCEPTIONS.**

**\*The submission dates above serve as deadlines for payroll, and NOT a due date for activity reports. All activity reports are due 24 HOURS after the services are provided.**