

**Amego, Inc.**  
 33 Perry Avenue  
 Attleboro, MA 02703  
 Tel. # (508) 455-6200  
 Fax. # (508) 455-6211



**Residential Sites:**  
 Attleboro, Brockton, Easton,  
 Foxboro, Holliston, Mansfield,  
 North Easton, Norton, Norwood,  
 Plainville, & Taunton, MA

**Application for Employment**  
**(PLEASE PRINT CLEARLY. Incomplete applications will not be processed.)**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. Address: \_\_\_\_\_  
 (Street) (City/town) (State) (Zip)

Mailing address (if different): \_\_\_\_\_

3. Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Emergency Contact Name: \_\_\_\_\_ 6. Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please **CIRCLE** the shifts for which you are available. (Residential schedules may combine 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> shifts).  
**Kindly consider your other obligations carefully as YOU MUST BE ABLE TO WORK THE ENTIRE SHIFT!**  
*(You are not required to indicate the need for absences for religious practices during scheduled work hours.)*

**Please be as specific as possible about your availability so we can direct your application to the appropriate department.**

|       | <b>1<sup>st</sup> shift = Days (total of 40 hours)</b><br>Adult Day/Voc: 5 days @ 8 hours<br>School: 5@8 hrs OR 4@10 hrs | <b>2<sup>nd</sup> shift = Evenings (Residential)</b><br><b>Start/end times vary by program.</b> | <b>3<sup>rd</sup> shift = Overnights (Residential)</b><br>(AWAKE or ASLEEP)<br><b>Asleep = Pay Differential</b> |
|-------|--|---|---|
| Mon.  | 8am-4pm OR 6am-4pm   | 2:30pm-11:30pm OR 3pm-11pm  | 11pm-9am OR 11:30pm-9:30am  |
| Tues. | 8am-4pm OR 6am-4pm   | 2:30pm-11:30pm OR 3pm-11pm  | 11pm-9am OR 11:30pm-9:30am  |
| Wed.  | 8am-4pm OR 6am-4pm   | 2:30pm-11:30pm OR 3pm-11pm  | 11pm-9am OR 11:30pm-9:30am  |
| Thur. | 8am-4pm OR 6am-4pm   | 2:30pm-11:30pm OR 3pm-11pm  | 11pm-9am OR 11:30pm-9:30am  |
| Fri.  | 8am-4pm OR 6am-4pm   | 2:30pm-11:30pm OR 3pm-11pm  | 11pm-9am OR 11:30pm-9:30am  |
| Sat.  | 9:30am – 4:30pm (Residential)  | 4:30pm-11:30pm  | 11pm-9am OR 11:30pm-9:30am  |
| Sun.  | 9:30am – 4:30pm (Residential)  | 4:30pm-11:30pm  | 11pm-9am OR 11:30pm-9:30am  |

**Additional schedule information?** (School, other job, etc.) \_\_\_\_\_

7. Please identify the population with which you prefer to work: \_\_\_ Adults or \_\_\_ Children (thru age 22).

8. Position(s) of interest: \_\_\_\_\_

9. How did you hear about us? \_\_\_\_\_

10. Date available to begin work: \_\_\_\_\_

11. Have you filed an application here before? Y/N If yes, when? \_\_\_\_\_

2. Have you ever held a position with this company? Y/N If yes, when? \_\_\_\_\_

3. Are you currently employed? Y/N

14. Are you 18 years of age or older? Y/N

15. Are you legally eligible for employment in this country? Y/N (Documentation will be required upon employment.)  
*(All IDs submitted must bear the exact name noted on application.)*

16. Do you have a current valid driver's license? Y/N (Documentation will be required upon employment.)  
*(All IDs submitted must bear the exact name noted on application.)*

**EMPLOYMENT HISTORY** (must be fully completed even if a resume is also submitted.)

Please list your **last four (4) employers, beginning with most recent**, including any military experience.

You may also include any verified work performed on a volunteer basis.

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Employer name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ **Employed** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ May we contact for reference? \_Y/N\_

Summarize the nature of your work and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ **Employed** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ May we contact for reference? \_Y/N\_

Summarize the nature of your work and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ **Employed** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ May we contact for reference? \_Y/N\_

Summarize the nature of your work and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ **Employed** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ May we contact for reference? \_Y/N\_

Summarize the nature of your work and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Applicant Printed Name

**SKILLS, QUALIFICATIONS AND ADDITIONAL EXPERIENCE**

Organization: \_\_\_\_\_ Dates: from / / to / /

Activities: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: from / / to / /

Activities: \_\_\_\_\_

*\*Summarize any special skills or qualifications you have which may qualify you to work with our company.*

*\*List special accomplishments, publications, or awards. (You may exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.)*

*\*List any additional information you would like us to consider.*

**EDUCATIONAL BACKGROUND – Transcripts must be provided noting awarding of degree(s). (If degree was obtained outside U.S., a report confirming U.S. equivalent must be submitted. See HR for details.)**

|                            |          |
|----------------------------|----------|
| 1. High School:            | Diploma: |
| Number of years completed: | Major:   |
| 2. College:                | Degree:  |
| Number of years completed: | Major:   |
| 3. College:                | Degree:  |
| Number of years completed: | Major:   |

**PROFESSIONAL REFERENCES (3) business/work references who are NOT related to you.**

*(Please contact these individuals to verify their telephone numbers and notify them you listed them as references).*

|                               |                                     |   |
|-------------------------------|-------------------------------------|---|
| 1. First and Last Name: _____ | Tel #: _____<br>Relationship: _____ | Company Name: _____<br>Years known: _____ |
| 2. First and Last Name: _____ | Tel #: _____<br>Relationship: _____ | Company Name: _____<br>Years known: _____ |
| 3. First and Last Name: _____ | Tel #: _____<br>Relationship: _____ | Company Name: _____<br>Years known: _____ |

**ADDITIONAL TRAINING/ SKILLS**

(please only mark current certifications)

CPR (Exp Date: \_\_\_\_\_) Medication Administration Program (MAP) (Exp Date: \_\_\_\_\_)  
First Aid (Exp Date: \_\_\_\_\_) Sign Language: \_\_\_\_\_ Other: \_\_\_\_\_

**Please indicate if you have experience in assisting individuals with any of the following tasks:**

|                            |                         |                          |
|----------------------------|-------------------------|--------------------------|
| Behavioral programming     | Supported employment    | ADL skills training      |
| Collecting behavioral data | Recreational activities | Domestic skills training |
| Completing log entries     | Medical emergencies     | Banking                  |
| Academic training          | Dispensing medication   | Cooking                  |
| Crisis management          | Public transportation   | Shopping                 |

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND RETURNING THIS APPLICATION.**

I understand that any misrepresentation by me in this application will result in the cancellation of the application and or termination from Amego’s service if I have already been hired. I affirm that all information contained herein is true to the best of my knowledge.

I give Amego and its noted agents the right to investigate all references, and all other information contained in this application, unless I have specifically written otherwise. I understand that failure to provide appropriate references may result in the cancellation, or withdrawal, of any job offer.

I understand that any initial offer of employment is conditional upon the results of all pre-employment protocol, satisfactory completion of all required training, and satisfactory job performance. I understand that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time and without prior notice. I understand that no Amego representative, other than the Board of Directors, has the authority to make any assurances to the contrary.

I further understand that Amego will require current TB clearance, screening for illegal drug use, a Criminal Offenses Records Investigation (Amego, Inc., has been certified by the Criminal History Systems Board to access criminal conviction data), BCI for RI Residents, Disabled Persons Protection Commission Check, Driving Record Check and documentation of eligibility for employment within the United States. Failure to comply may result in the termination of the employment relationship.

Amego is an Equal Opportunity Employer and does not discriminate in employment on any basis prohibited by local, state, or federal law. I understand that no information from this application will be used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from Amego and still wish to be considered for employment, it will be necessary for me to fill out a new application.

---

Signature of applicant

Date

---

Received by

Date



**Applicant Reference Inquiry**

|                        |                    |       |
|------------------------|--------------------|-------|
| Applicant Name:        | Social Security #: | Date: |
| Applicant's Signature: |                    |       |

**Applicant's Release Authorizing Check of Credentials and References**

In consideration of, and to facilitate, the evaluation of my suitability for employment, I hereby authorize Amego to perform all checks of my credentials and references concerning my educational/employment background and personal attributes as they relate to job suitability. This includes, but is not limited to, discussions with past or present supervisors, co-workers and friends.

I agree not to assert any claims or causes of action of any kind against any Employer, its agents, its employees and the individuals and companies contacted by the Employer as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Employer's investigation of my credentials. I acknowledge that the Employer has made no representations of any kind as to whether employment will be offered at the conclusion of the process.

**Applicant-Please Do Not Write Anything Below. Thank you.**

Name of Reference: \_\_\_\_\_

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

**QUESTIONS:**

What capacity and for how long have you known the applicant? \_\_\_\_\_

Has the applicant ever held a position like the one she/he is applying for? \_\_\_\_\_

What are his/her clinical skills like? \_\_\_\_\_

What do you see as the applicant's greatest strengths? \_\_\_\_\_

What do you see as the applicant's weaknesses? \_\_\_\_\_

What are the applicant's written skills like? \_\_\_\_\_

Do you feel the applicant will be able to handle the kind of clients Amego serves, given that they can exhibit aggressive and self-injurious behavior? \_\_\_\_\_

Can you give a narrative about the applicant? (i.e. job performance, appearance, reliability, dependability, etc.) \_\_\_\_\_

Have you known this person to ever supervise? Please describe: \_\_\_\_\_

If the applicant has worked for you, would you rehire him/her? \_\_\_\_\_

\_\_\_\_\_  
Caller's Name

\_\_\_\_\_  
Date



**Educational Reference Inquiry**

**Applicant must submit transcript(s) indicating awarding of degree(s).**

|  |                    |       |
|--|--------------------|-------|
| Applicant Name:  | Social Security #: | Date: |
| Applicant's Signature:   |                    |       |
| College/University:  |                    |       |
| Address (street, state, zip)   |                    |       |
| Phone Number (area code + number)  |                    |       |
| Please Check Type(s) of Degree(s) :      Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> |                    |       |

**Applicant's Release Authorizing Check of Credentials and References**

In consideration of, and to facilitate, the evaluation of my suitability for employment, I hereby authorize Amego to perform all checks of my credentials and references concerning my educational/employment background and personal attributes as they relate to job suitability. This includes, but is not limited to, discussions with past or present supervisors, co-workers and friends.

I agree not to assert any claims or causes of action of any kind against any Employer, its agents, its employees and the individuals and companies contacted by Amego as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Amego's investigation of my credentials. I acknowledge that Amego has made no representations of any kind as to whether employment will be offered at the conclusion of the process.

**Educational Reference**

|  |
|--|
| Degree Verified:      Yes <input type="checkbox"/> No <input type="checkbox"/> |
| College/University:  |
| Reference Name (Please print):   |
| Reference Signature:   |



**Affirmative Action Questionnaire**  
**(Please do not copy double-sided.)**

Completion of this questionnaire is voluntary. If you do not choose to complete the questionnaire, indicate this in question number seven. If you do choose to complete the questionnaire, the information will be used to evaluate Amego’s progress towards meeting the goals established in the Affirmative Action Plan. Completed forms will be kept separate from your personnel file.

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

1. Name: \_\_\_\_\_

2. Position/Program Location: \_\_\_\_\_

3. Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**4. Racial Origin (please check one):**

Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Alaska Native (must be certified by Office of Indian Affairs) \_\_\_\_\_  
Cape Verdean \_\_\_\_\_ Asian American \_\_\_\_\_ (Asian/Pacific Islander) \_\_\_\_\_ Caucasian \_\_\_\_\_

**5. Handicap\*:** Do you wish to identify yourself as a handicapped individual? A person who has a physical or mental impairment rate that:

- \* Substantially limits one or more of life’s major activities
- \* Has a record of such impairment, and
- \* Whose handicap/disability was not acquired during military service

Yes \_\_\_\_\_ No \_\_\_\_\_

If checked yes, please answer the following:

- a. Are accommodations necessary? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Have accommodations been made? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

7. I do not wish to complete this questionnaire: \_\_\_\_\_

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Bureau of Criminal Identification (BCI) Form**  
**(Please do not copy double-sided.)**

**Applicant/Employee Name:** \_\_\_\_\_  
(Please Print)

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Maiden Name:** \_\_\_\_\_  
Month Day Year

**State of Residence:** \_\_\_\_ **Type of Photo Id attached:** \_\_\_\_\_  
RI MA

**DISCLAIMER**

I am seeking employment with, *or am an active employee of*, AMEGO, Inc., 33 Perry Avenue, Attleboro, Ma 02703. I hereby direct and authorize the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to AMEGO, Inc., any criminal record the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions and demands of every kind, nature and description, arising from any release of criminal records and request there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's office in both law and equity, which I may now have or in the future may have.

**Applicant/Employee Signature:** \_\_\_\_\_  
**\*MUST BE SIGNED IN PRESENCE OF NOTARY\***

\*\*\*\*\*

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above signed appeared before me, and proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached documents and acknowledged to me that s/he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Signature of Notary Public

Notary Public Stamp

Notary Public Seal

For Amego Office Use Only:  
Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reviewer: \_\_\_\_\_

# Criminal Offender Record Information (CORI)

**(Please do not copy double-sided.)**

## CONSENT FOR BACKGROUND RECORD CHECK OF EMPLOYEE /VOLUNTEER / INTERN

All current or prospective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program named at the bottom of this form and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR (14.00) must complete and sign this Consent Form.

|                                   |                       |                     |                                 |
|-----------------------------------|-----------------------|---------------------|---------------------------------|
| <b>Last</b>                       | <b>First</b>          | <b>Middle</b>       | <b>Maiden or other Surnames</b> |
| <b>Date of Birth (MM/DD/YYYY)</b> | <b>Place of Birth</b> | <b>Gender (M/F)</b> | <b>Social Security #</b>        |
| / /                               |                       |                     |                                 |
| <b>Height</b>                     | <b>Weight</b>         | <b>Eye Color</b>    | <b>Mother's Maiden Name</b>     |
| ___ Feet ___ Inches               | _____ lbs.            |                     |                                 |

### Dates and places of residence for the past SEVEN (7) years: (Use reverse side if needed.)

| From | To     | Number & Street | City | State | ZIP |
|------|--------|-----------------|------|-------|-----|
| / /  | to / / |                 |      |       |     |
| / /  | to / / |                 |      |       |     |
| / /  | to / / |                 |      |       |     |

Please list other states in which you have resided: \_\_\_\_\_

### Signing this form means that you (the applicant) understand:

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Children and Families (DCF) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DCF and CORI checks will be shared with the employer/potential employer listed on this application. The employer/potential employer listed on this application will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DCF background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction.

*I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer. I certify the information above is correct to the best of my knowledge.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

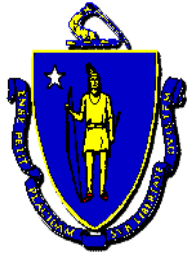
### Employer Certification:

The applicant is applying for a position or is currently employed in an EEC licensed program within the entity listed on the bottom of this form. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification:  
\_\_\_\_\_ (Please keep a photocopy of said identification in file with this application)

\_\_\_\_\_  
Signature of Authorized Background Check Reviewer

\_\_\_\_\_  
Date



# The Commonwealth of Massachusetts Disabled Persons Protection Commission (DPPC) pg. 1/2

50 Ross Way, Quincy, MA 02169 ▪ Phone (617)727-6465 (V/TTY),  
(800)245-0062 (V/TTY); Hotline (800)426-9009 (V/TTY) ▪ FAX: (617)727-6469

## Release of Information Form from prospective/current employee

I, \_\_\_\_\_,\*  
(First) (Middle) (Last)

of \_\_\_\_\_\*  
(Print home address)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

hereby knowingly and willingly authorize the Disabled Persons Protection Commission, 50 Ross Way, Quincy, Massachusetts, to release the following information and/or record(s) regarding me which is in the possession of said Commission to

Judy Siggins, HR Director  
AMEGO, Inc.  
33 Perry Ave  
Attleboro, MA 02703

Any and all records regarding my involvement as an alleged abuser in a case reported to the Commission pursuant to M.G.L. c. 19C.

I understand that my record contains information about my identity and personal and confidential information.  
I understand that such records and/or information will be used by Amego in evaluating my employment application.

\_\_\_\_\_  
**Signature of Prospective/Current Employee**

\_\_\_\_\_  
**Date of Signature**

This form should be forwarded with a stamped self-addressed envelope to:  
**General Counsel, DPPC, 50 Ross Way, Quincy, Massachusetts 02169**

**\*PLEASE LIST ON THE REVERSE SIDE:**

- 1. All home addresses for the last 8 years, if different from that given above.**
- 2. All previous employers for the last 8 years.**
- 3. Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment.**

1. **All home addresses for the last 8 years, if different** from that given on reverse side:  
(Please PRINT all information.)

| Dates | Previous Home Addresses |
|-------|-------------------------|
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |

2. **Name and Address for each previous employer for the last 8 years:**  
(Print ALL information)

| Dates | Previous Employer, Name & Address |
|-------|-----------------------------------|
|       |                                   |
|       |                                   |
|       |                                   |
|       |                                   |
|       |                                   |
|       |                                   |
|       |                                   |
|       |                                   |

3. **Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment:** (Print ALL information)

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**Driving Record Authorization Form**

**(Please do not copy double-sided.)**

*(Please attach a copy of your current valid Driver's License. Received\_\_\_\_\_)*

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

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

**Print Full Legal Name**

Driver's License # \_\_\_\_\_

State of Issue: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

1) Have you had any traffic violations or accidents within the last three years? [ ] Yes [ ] No  
If "Yes", please explain below in remarks section.

2) Have you ever had your driver's license suspended or revoked? [ ] Yes [ ] No  
If "Yes", please explain below in remarks section.

3) Have you ever been convicted of:  
a. Driving under the influence of drugs or alcohol? [ ] Yes [ ] No  
b. Leaving the scene of an accident? [ ] Yes [ ] No  
c. Reckless driving? [ ] Yes [ ] No  
If "Yes", please explain below in remarks section.

Remarks: Please use the space below to explain any/all "Yes" answers to above questions.

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

I, the undersigned, certify that the answers provided to the questions on this form are true to the best of my knowledge. I understand that any misstatements of facts on this form may make me ineligible for hire/employment. I authorize Amego, Inc. (or its representative) to run a check on my driving record now and, if hired, periodically during the course of my employment. I am aware that a condition of employment is maintaining a current valid driver's license and a driving record acceptable to both Amego and its insurer. I further acknowledge that, if hired, my failure to maintain same may result in my reassignment, or dismissal from my position at the sole discretion of Amego, Inc. I will notify Human Resources if my license is suspended or revoked.

\_\_\_\_\_  
**Applicant/Employee Signature**

\_\_\_/\_\_\_/\_\_\_  
**Date of Signature**

|                       |               |                |
|-----------------------|---------------|----------------|
| <b>HR USE ONLY:</b>   |               |                |
| _____<br>REQUESTED BY | _____<br>SENT | _____<br>REC'D |

Representative: Approved: \_\_\_\_\_ Approved with 6 month review: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_