

## **AwC Managing Employer Forms/Documents Instruction Guide**

As part of the SDE onboarding process, the Managing Employer (ME) is required to complete certain portions of the pre-employment onboarding documents.

This document is provided to guide you as the Managing Employer through completing your portion of the required new hire onboarding documents.

Should you have any questions regarding the pre-employment forms, please contact the AwC Enrollment Specialist assigned to your case.

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### **To be completed by the Managing Employer/ Authorized Representative (Family):**

In addition to the steps the SDE needs to take, you, as the Managing Employer (Supervisor), will also need to review and sign several documents. Adobe Sign will email your SDE first with documentation that needs their attention. Once completed, Adobe Sign will automatically forward the documentation for you to complete your portion. The completed documents will be sent to your SDE and yourself in an email directly from Adobe Sign:

#### **I-9 Form- Employment Eligibility Verification**

All new hire employees are required to provide proof of identity and proof of work eligibility.

**Section 1-** SDE completes section 1 of the I9 form via Adobe Sign.

**Section 2-** Managing Employer must review the document (s) provided by the SDE to show proof of citizenship and complete Section 2 of the I9 form (See a list of acceptable documents)

#### **I-9 Section 2 – If Managing Employer is also SDE**

In addition to the steps that you will need to take as a Self-Directed Employee (SDE) and as the Managing Employer (ME/Supervisor) of yourself – some forms will be sent to you directly from Adobe Sign (online forms).

The ME (Supervisor) forms require you to complete and sign three of four forms. The exception is the Employment Eligibility Verification Form (I9 Section 2). This form will need to be reviewed by another trusted adult. That adult must view the "Identifying" documents (i.e., forms of ID used in Columns A, or B and C) submitted by the ME/Supervisor and sign where it asks for the authorized representative's signature. TA box will be next to the authorized representative's signature, asking for the other adult's title signing this form. They must indicate who they are to the ME/Supervisor (i.e., daughter, husband, brother, etc.). This is because someone other than yourself will need to confirm your identity and attest that the documents submitted appear genuine. Example below.

Examples are provided on how to list a passport (List A) OR driver's license and SS card (List B and List C). Also attached is a list of acceptable documents you can use.

\*You must provide your Enrollment Specialist with the adult's email address as we will need to forward the I9 Section 2 to them to complete and sign.

**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): Today's date (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Another Adult signature</b>		Today's Date (mm/dd/yyyy) <b>Today's Date</b>	Title of Employer or Authorized Representative <b>Relationship to the Supervisor</b>	
Last Name of Employer or Authorized Representative <b>Last name of other Adult</b>		First Name of Employer or Authorized Representative <b>First name of other Adult</b>		Employer's Business or Organization Name Easter Seals Financial Management Services LLC
Employer's Business or Organization Address (Street Number and Name) 25 Kennedy Blvd. Suite 600		City or Town East Brunswick		State NJ
				ZIP Code 08816

## Job Description

The job description determines the tasks/responsibilities the SDE will perform to support the consumer receiving services. Please include any job duties that will be expected of your SDE. If the SDE is expected to administer medication, it is advised that they attend and pass the DDD Medication Administration courses on the College of Direct Support (CDS) website and complete a DDD-mandated Medication Practicum.

## Employer Reference Check (2)

As the Managing Employer/Supervisor for the SDE, you are responsible for contacting previous employers of the SDE by using the Employer Reference form as a guide. Although it is highly recommended that reference checks are completed, you do have the option to waive obtaining references from the SDE. If choosing to waive reference checks, please ensure the small box at the bottom of the form is checked and the form is signed by you and the SDE, verifying that reference checks will not be completed.

## Hepatitis B Vaccination Information

All newly hired Self-Directed Employees (SDE) are offered the opportunity to receive a Hepatitis B vaccination. If your SDE chooses to receive the Hepatitis vaccination, they will be charged the rate your local vaccination provider charges. The approximate cost for the vaccination is \$250.

SDEs are offered the opportunity to receive the vaccination at any time during their employment, even if they declined initially. Should your SDE decides to take the vaccination, they should sign under Acceptance. If they do not wish to take the vaccination, they should sign under Refusal. Whichever choice they make, the Supervisor must sign directly under the SDE's signature.

Once completed, Adobe automatically sends the completed and signed form to your AwC Enrollment Specialist.

**Email:**

**or**

**Fax:**

### Do's:

- ☒ Use black or blue ink
- ☒ SDE must complete and electronically sign section 1 of the I-9 form via the 321 Forms automated onboarding system.
- ☒ Managing Employer complete and sign section 2 Employer Verification Attestation -List A **or** B+C using identification provided by the SDE.

### **IMPORTANT:**

- ☒ To avoid errors and ensure accuracy, please review the list of acceptable documents that can be used to complete the I9 form. Please contact the AwC Enrollment Specialist with any questions regarding completing this form.

### DON'TS:

- ☒ DON'T use any color other than black or blue ink.
- ☒ DON'T leave any sections blank or return the form without a signature and copies of identification used to complete the form.
- ☒ DON'T fill in the date for the first day of employment (This is to be completed by AwC Enrollment Specialist when the employee's start date is established).
- ☒ DON'T fill out all three columns of the I9 form (A, B, and C)  
**Complete only list A OR list B and C as instructed by the I9 form.**
- ☒ DON'T cross out, use whiteout, or scribble on the I-9 form (request another copy of the SDE's I9 form from the AwC Enrollment Specialist if needed)