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**Developmental Disabilities and Early Childhood Supports Division**

**Employer of Record Notification Form**

**July 1, 2022 – June 30, 2023**

Please complete this form for any participant you serve for whom you are also the Employer of Record. Email the form via secure email to your assigned Program Manager, Karla Lynch (karla.lynch@kingcounty.gov) or Gina Solberg (gsolberg@kingcounty.gov) and include a copy of the participant’s annual employment plan. Please ensure that the employment plan outlines steps that have been taken or will be explored for career advancement. **This request must be reviewed and approved by King County prior to making an offer of employment to a participant who is also served/supported by your agency**.

**To check and uncheck “yes” or “no” boxes, double click on the box; select “Checked” or “Not Checked” and click “Ok.” Enter text in gray boxes.**

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| --- | --- | --- | --- | --- | --- |
| **Today’s Date:** | **Employment Service Provider Agency:** | **Point of Contact:** | **Phone:****(Include Area Code)** | **Email:** | **Participant’s ADSA ID:** |
|       |       |       |       |       |       |

1. **JOB INFORMATION:**

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| --- | --- |
| **Participant’s Title:** | **Job Start Date:** |
|       |       |

1. **List specific job duties:**

1. **WORK SCHEDULE AND EARNINGS**

|  |  |
| --- | --- |
| **Number of Work Hours, Per Week** | **Monthly Gross Wages** |
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1. **ALIGNMENT WITH STATED EMPLOYMENT GOAL**
	1. What is the participant’s employment goal?
	2. Does this job meet the participant’s goal or serve as part of a pathway to employment for the individual?
	3. What are the steps outlined to explore additional opportunities?
	4. Are there natural supports available?

* 1. Why was this position was offered to this participant?