

## **Employee Packet**

**Please send in the following:**

1. Copy of your *Driver's License*
2. Copy of your *Auto Insurance*
3. Copy of your *Social Security Card*
4. Copy of *Driver's Record* – go to [www.ri.gov/DMV/mvr/citizen/](http://www.ri.gov/DMV/mvr/citizen/)

## **Statement of Confidentiality**

J. Arthur Trudeau Memorial Center d/b/a *Works for Me* has an ethical and legal obligation to keep confidential all information received from and/or about person(s) supported and personnel with whom the agency is currently and/or previously involved or otherwise has knowledge, in accordance with all State and Federal regulations, Health Insurance Portability and Accountability Act (HIPAA)

*Works for Me* has developed this policy to emphasize that the individual(s) right to privacy must be protected and that unauthorized disclosure of confidential information in any form may result in specific legal and agency penalties.

In signing this document, an individual who has direct access to confidential information acknowledges and confirms his/her commitment to the principles and limitations of confidentiality.

*Works for Me* acknowledge the need for and seek to maintain a close cooperative relationship with a variety of individuals and agencies in its pursuit of financial and/or programmatic integrity. To this end, authorized *Works for Me* personnel may discuss appropriate client financial and/or programmatic information, on an as needed basis with:

1. Current employee(s), consultants, day-program vendors/sole proprietors or therapists assigned to providing services to the client.
2. *Works for Me* Administration
3. Division of Developmental Disabilities, Department of Human Service, Department of Health, Internal Revenue Service, RI Division of Taxation, American Payroll, Inc.
4. Legal Guardians. Guardian Ad Litem
5. Law Enforcement Personnel, Medical Service Personnel

All individuals seeking information on *Works for Me* client(s) must obtain written permission from the client or his/her legal guardian. The Executive Director of J. Arthur Trudeau Memorial Center/*Works for Me* will be notified of the request prior to the release of any such information.

Additionally, all persons receiving **Works for Me** services and his/her employee(s) understand that **Works for Me** maintains confidential information in reference to the services provided, and employee based information including but not limited to: applications, criminal background checks, driver's license checks, worker's compensation information, Sole Proprietor verification documents, I-9's, related tax information as required by State and Federal laws, payroll information, other pertinent information and identifiable information as required.

Individuals seeking information on employees, family members, legal guardians, volunteers, agents, student interns, contractor and vendors must likewise obtain written permission from the individual on whom the information of these requests prior to the release of any such information.

I have read the Confidentiality Statement and understand and agree to the provisions contained within.

I agree and consent to maintain and protect the strict confidential information for any person(s) and personnel associated with the **Works for Me** program. I will not provide information with third parties unless written consent is obtained from the Executive Director and/or designee.

I understand that any violation(s) of confidentiality can and will result in disciplinary action in accordance with State and Federal regulations, HIPAA regulations and agency regulations. This may include criminal prosecution under the Rhode Island General Law.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Works for Me**

\_\_\_\_\_  
Date

**FILLING OUT I-9 FORM IMMIGRATION AND NATURALIZATION  
EMPLOYMENT ELIGIBILITY VERIFICATION FORM**

It is necessary for new employee(s) to complete an I-9 form. Employee(s) must provide proof of all documents necessary to establish both identity and employment eligibility. I have included a list of acceptable documents to establish both identity and employment eligibility. Potential employee(s) are make copies of his/her identification and return these copies to ***Works for Me*** personnel with the completed I-9 form. Please fill in the following information on the attached I-9 form

**Employee**

- ❖ **Section 1**
- ❖ **Sign and Date**
- ❖ **Provide proof of acceptable documentation**

**SOLE PROPRIETOR**

- ❖ **Section 2**
- ❖ **Sign and Date**

Please note that only hired employee(s) should fill out this form. ***Works for Me*** personnel will complete the rest of the form and retain it. If you need additional assistance completing this form please contact us at 401-739-2700.

\*Remember to return the I-9, with copies of the employee(s) identification as soon as possible along with your completed W-4 form and completed application.



J. Arthur Trudeau Memorial Center/Works For Me

**Fax to 732-7899 or drop off to the office!**  
**If faxing please keep your fax confirmation**

**Works for Me**  
**Employee Timesheet**

Employee Name \_\_\_\_\_ For Pay Period Ending \_\_\_\_\_

Employer/Sole Proprietor \_\_\_\_\_

Day	Date	In	Out	Total hours	Day	Date	In	Out	Total hours
Sunday					Sunday				
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Saturday					Saturday				
Week 1 Totals					Week 2 Totals				

Did not work this week \_\_\_\_\_

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

Employer/Sole Proprietor Signature: \_\_\_\_\_

**Timesheets are due EVERY OTHER MONDAY by 9am! Both Signatures are required to process this timesheet.**

## Direct Deposit Authorization Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Phone #: \_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST DIRECT DEPOSIT OF MY CHECK TO:

BANK NAME: \_\_\_\_\_

TRANS ABA # (ROUTING#): \_\_\_\_\_

Deduct \$ \_\_\_\_\_ from my net pay each pay period and deposit it into my

Savings Account# \_\_\_\_\_

Deduct \$ \_\_\_\_\_ from my net pay each pay period and deposit it to my

Checking Account# \_\_\_\_\_

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

Attach voided check here.