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Department of Community and Human Services

**Developmental Disabilities Division**

Employer of Record Notification

July 1, 2017 – June 30, 2018

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 Sung Cho with King County DDD at [Sung.cho@kingcounty.gov](mailto:Sung.cho@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.

Date:

Employment Support Agency:       Staff name:

Participant name:

ADSA ID:

Job title:

Date started job:

Work hours per week:       hours / week

Monthly gross wages: $

Job duties:

What is the participant’s employment goal?

Does this job meet this goal or is it part of a pathway?

What are the steps outlined to explore additional opportunities?

Are there natural supports available?

Please provide additional information as to why this positon was offered to this participant:

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County Use Only

King County Program Manager:

Approved

Approved with conditions

Denied

Additional information: