

ILSP DIRECT-HIRE WORKER SET-UP

INSTRUCTIONS: Completion of this form is an ILSP program requirement. Both the direct-hire worker and the participant employer must sign and date the bottom to be considered complete. A direct-hire worker may not begin working for a program participant before the ILSP start date included in the participant's start date letter.

Personally identifiable information on this form is collected to verify that the application is complete. As a result, all direct-hire workers must provide their email address for this form to be processed.

Completed forms should be submitted to the ILSP fiscal agent.

SECTION I – DIRECT-HIRE WORKER DEMOGRAPHICS (all fields must be filled)

Name – Direct-Hire Worker (Last, First, MI)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Mailing Address	City	Phone Number	
State	ZIP Code	Email Address (Required)	

SECTION II – PARTICIPANT EMPLOYER DEMOGRAPHICS (all fields must be filled)

Name – Participant Employer (Last, First, MI)		Date of Birth	ILSP ID
Mailing Address	City	Phone Number	
State	ZIP Code	Email Address	

By signing below, I (we) agree the information on this form is accurate. Both signers agree to only submit invoices for work within the hours authorized. Both parties understand overtime pay is not authorized in the ILSP program. Without prior approval, excess hours claimed above the authorization will be rejected for payment. Both signers also acknowledge that no hours worked prior to the date listed on participant's start date letter will be paid.

SIGNATURE – Direct-Hire Worker	Date Signed
SIGNATURE – Participant Employer/Guardian/POA	Date Signed