Complete this form and send to contact@eakcds.com.

New Employee Packet Request
◯ Electronic ◯ Paper/Mail

Please send an employee packet for a new employee.

Client _____

Employer _____

DR _____

Employer email address _____

DR email address_____

Employee will be ◯ additional ◯ replacement

Employee will work for multiple clients ◯ yes ◯ no (please list in box below)

Employee name (what is on the driver's license) _____

Employee email address_____

Replacing who _____

Employee will work (specify: all programs or which program) _____

Employee will work (specify: all hours/ half or back up) _____

Employee relationship to Employer _____

Employee relationship to Client _____

Employee relationship to DR _____ _____

Additional information: (Employee works for other Employers, OT needed, will work for multiple clients)