Personal Accounting Services, Inc.
Part of the AssuranceSD Family

DIRECT CARE WORKER
CLS WAYNE
PRE-EMPLOYMENT TRAINING PAYMENTS

Participant / Employer Full Name: _____

Direct Care Worker / Employee Full Name: _____

Date of Submission: _____

PARTICIPANT / EMPLOYER STATEMENTS

By submitting this form,

I certify that my Direct Care Worker/Employee has completed the trainings listed below. Attached with this form are training verification documents proving that the identified training was successfully completed.

I understand that my Direct Care Worker/Employee will be reimbursed the total amount of their agreed upon hourly rate of pay times the number of identified training hours completed.

Training hours were allocated by CLS Wayne and are a set amount.

I understand that my Direct Care Worker/Employee will be paid for the pre-employment training:

☐ With their first paycheck (for new Participants/Employers).

☐ In an off-cycle payment (for existing Participants/Employers).

I understand that payment will be delayed if proof of training completion is not provided with this form.

I understand that the pre-employment training payment is a one-time payment.

Hourly Rate of Pay: $_____ Training Hours: 7.75 hours total

Training	Number of Allocated Hours
First Aid Knowledge and Documentation (Two Part Class)	3.5 hours
Recipient Rights	40 minutes
Recipient Rights Virtual	2 hours
Infection Prevention and Control Practices	35 minutes
Emergency Preparedness	45 minutes
IPOS Training	15 minutes

DIRECT CARE WORKER / EMPLOYEE STATEMENTS

By signing this document requesting payment for pre-employment training,

I certify that I have completed the trainings listed above. I have attached proof of training completion to this form.

I understand that failure to provide proof of training completion will delay my training payment.

I understand that the training payment is considered taxable income.

Participant Full Name: _____

Participant Signature: _____ Date: _____

Direct Care Worker Full Name: _____

Direct Care Worker Signature: _____ Date: _____