



## EXPECTED WEEKLY HOURS - NEW HIRE

### CAREGIVER (Non-FEA)

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

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

Entity: CDSD

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

- As a Caregiver, I serve a single participant.
- As a Caregiver, I serve multiple participants.

**Hire Date:** \_\_\_\_\_

**Anticipated Weekly Hours:**

How many total hours per week do you reasonably expect to work for the foreseeable future?

- Full-time (30+ hours)
- Part-time (10-29 hours)
- Less than 10 hours
- Variable – unable to make a reasonable determination\*

**Comments:**

CDCN Representative Name: \_\_\_\_\_

*Benefits will be offered to employees on the first of the month following/coinciding with 30 days from their first day worked.*

***\*Employees marked "variable" will not be offered benefits upon hire.***

