

Enki Health and Research Systems, Inc.

EMPLOYMENT AUTHORIZATION FORM

LOCATION _____

THIS FORM IS TO BE COMPLETED & SIGNED BEFORE EMPLOYEE CAN BEGIN WORK

_____ is hereby approved and authorized to be employed
Print Employee Name

as _____ at \$_____ per _____,
Job Title Pay Grade

beginning _____ for _____ hrs per week.
Date

Bilingual Supplement: Yes _____ No _____

This position is Exempt _____ / Non Exempt _____ from California Overtime Rules.

Supervisor APPROVED: Manager/Director

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I do hereby accept the above position under the term and conditions as outlined in the EHRS Employee
Personnel Policies and Procedures found on the EHRS Employee Self Service Website at
www.eease.com

BY _____
Employee Signature Date

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The employee has provided all documentation and completed all required paper work prior to beginning
work.

Company Representative Date

Reviewed: _____
Corporate Date

Employment Authorization Form

When a job offer is made to an applicant, this form must be completed and signed by Supervisor, Clinic Manager and employee to ensure that all parties agree on the terms of hire.

1. **Location** – Clinic that is the employee's home site
2. **Name** – As it appears on social security card
3. **Job Title** – name of position
4. **Pay grade** – Some job titles have different levels of pay. The job qualifications that are listed on the job description are used to choose the appropriate pay grade for those job titles.

For example:

Clinician – Choose from - Unlicensed MFT/MSW 1 or MFT 1
Unlicensed MFT/MSW 2 or MFT 2
Unlicensed MFT/MSW 3 or MFT 3

A clinician has a degree as an MFT/MSW and not licensed, the pay grade will be an Unlicensed MFT/MSW. Check the job qualifications for the level of pay they qualify for.

If a clinician is licensed, the pay grade will be a MFT 1. Check the job qualifications for the level of pay they qualify for.

5. **Hourly or Salary Amount** – enter the hourly or salary earning per hour or year. All exempt employees must have their earning written as a yearly amount and non-exempt employees must have their earning written as hourly amount.
6. **Date and Hours** – Enter the date employment begins and how many hours the employee will be working. **Note: If a salaried employee is working less then 40 hours, the salary must be pro-rated according to the amount of scheduled hours. Use the following calculations to pro-rate the salary.**

Divide the amount of scheduled hours worked by 40 hours.

(32 hours / 40 hours = .80 hours)

Multiply the annual salary for 40 hours by .80 hours to get your annual salary for 32 hours.

(\$42,020 annual salary x .80 hours = \$33,616 annual salary for 32 hours.)

7. **Bilingual Supplement** – Check the appropriate box
8. **Exempt or Non Exempt** – Salaried employees are exempt from overtime and hourly employees are non-exempt from overtime. A salaried employee can also qualify for non-exempt from overtime if their annual salary is below \$33,280.
9. **Signatures** – The Clinic Manager and Supervisor must sign the form.
10. **Employee Signature** – Employee must sign and date the form.

A copy is given to the employee. Give the original to the HR representative who will send to the Corporate HR Department no later than the next business day.