

# Employment Incentive Request Form: Instructions for Submitting Your Form

The Employment Incentive Request Form is an electronic Adobe form that allows you to enter your information, request your incentive payment, and upload your supporting documentation. You will electronically sign the form and submit it to The Gateway-In Project® staff for review and approval.

It is very important to read all of the instructions and guidelines on the first 5 pages to ensure proper submission.

na4.documents.adobe.com

Adobe Acrobat Sign

12 required field(s) remaining Start

Please sign: Employment Incentive Request Form\_v7

Employment Incentive Instructions

**Who is Eligible?**  
Graduates of The Gateway-in Project CNA & HHA grant who are certified as CNAs and work in long-term care as a CNA or HHA can receive employment incentives. These incentives recognize your hard work and help retain skilled care providers in the long-term care sector.

**Instructions to Avoid Processing Delays:**

1. Fill Out the Form Completely:
  - o Complete all sections accurately and sign the form.
  - o Pay attention to the instructions in each section.
2. Submit Pay Stubs:
  - o Attach your first and most recent pay stubs for each job you're claiming an employment incentive for. We do not need every pay stub in between, as long as the pay stubs you submit show us how long you worked at each job.
3. Do Not Submit:
  - Screenshots of bank statements
  - Photos of checks
  - Duplicate pay stubs
  - Screenshots of employee pay history that does not show your full pay stub
4. Review Your Submission:
  - Collect all required documents before submitting your request. Ensure everything is complete and accurate. Incomplete submissions will be denied.

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

## Section 1: Contact Information

**1a. Participant Name:** Be sure to put your first AND last name. Forms submitted without a full name may be denied.

**1b. Training School Name:** The school you attended for CNA or HHA training through The Gateway-In Project©

**1c. Home Address:** Include your House/building number, street name, city, state, and Zip Code

**1d. Email Address:** Ensure you type your email address correctly and use the same email address you use for other correspondence with The Gateway-In Project©. You will need to verify the email you type here later.

**1e. Phone Number:** Use your current phone number in 10-digit format.

**Example:**



### Employment Incentive Request Form

Participant Name:	* First McLast	Training School Name:	* Healthcare Academy, I...
Home Address:	* 1234 Home Street, Sacramento, CA 95823		
Email Address:	* Sample@example.com	Phone Number:	* 9161234567

In the Payment Request section below, please only select the employment incentive(s) you are currently eligible for. Do not select a future employment incentive or one you have already submitted a request for.

## **Section 2: Payment Request**

**2a.** Determine which incentive(s) you are eligible for. You should have received an email letting you know what to claim. If you aren't sure, each incentive section will tell you how to qualify.

**2b.** If you are eligible for more than one incentive, you can choose multiple. However, choosing an incentive you have already requested, or one you are not yet eligible for, will result in denial.

**2c.** The AMOUNT will be completed by The Gateway-In Project© staff. Each employment incentive is equal to \$500.00.

**Examples:**

Payment Request	
Click the box next to the employment incentive(s) you are requesting:	AMOUNT <i>(for staff use only)</i>
<input type="checkbox"/> 1 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 1 month after your training and have not yet received your 1 month employment incentive. ✓ You will submit proof of employment covering a span of at least 1 month.	
<input checked="" type="checkbox"/> 6 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 6 months after your training and have not yet received your 6 month employment incentive. ✓ You will submit proof of employment covering a total span of at least 6 months.	
<input type="checkbox"/> 12 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 12 months after your training and have not yet received your 12 month employment incentive. ✓ You will submit proof of employment covering a total span of at least 12 months.	
	TOTAL: <i>(for staff use only)</i>

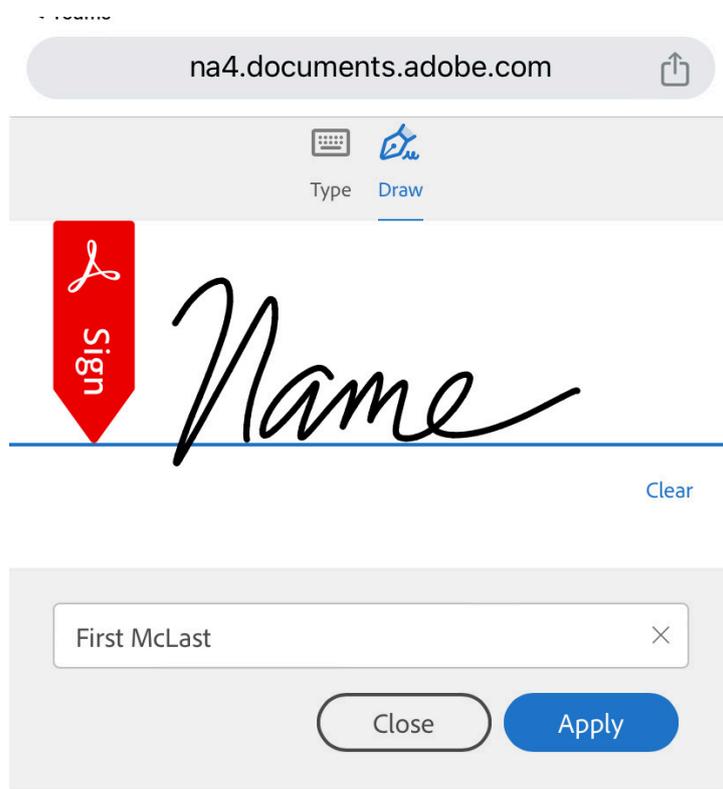
Payment Request	
Click the box next to the employment incentive(s) you are requesting:	AMOUNT <i>(for staff use only)</i>
<input type="checkbox"/> 1 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 1 month after your training and have not yet received your 1 month employment incentive. ✓ You will submit proof of employment covering a span of at least 1 month.	
<input checked="" type="checkbox"/> 6 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 6 months after your training and have not yet received your 6 month employment incentive. ✓ You will submit proof of employment covering a total span of at least 6 months.	
<input checked="" type="checkbox"/> 12 Month Employment Incentive ✓ You have worked as a CNA or HHA in long-term care for at least 12 months after your training and have not yet received your 12 month employment incentive. ✓ You will submit proof of employment covering a total span of at least 12 months.	
	TOTAL: <i>(for staff use only)</i>

### **Section 3: Sign Your Form**

**3a.** You will need to electronically sign your form. You can draw your signature or choose to type your signature.

**3b.** You will also need to type out your full first and last name and then click on “Apply”.

**3c.** Today’s date will auto-populate.



### **Section 4: Employment Information**

If you only worked at one qualifying job during the incentive period, you will only need to complete the ‘Current/Most Recent Employment’ section.

### **Employment Incentive Request Form**

In the Employment sections below, you must complete the Current/Most Recent employment section. Only complete the “Additional Employment Information” sections if you are using more than one job to qualify.

If you were hired before your graduation date, use your graduation date as your start date.

Documentation must show your name, the company name, and the pay period dates.

<b>Employment Information</b>	
<b>Current / Most Recent Employment:</b>	
Company Name: *	ABC Company
Job Title:	CNA (Certified Nurse Assistant)
Company Address:	456 street, Sacramento CA 95815
Start Date: *	07/25/2...
Still employed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
End Date:	
First pay stub: *	FILE: IMG_0685.jpeg
Most recent paystub: *	FILE: IMG_0684.jpeg
Additional proof of employment:	Tap to Attach Proof of employment

If you are using more than one employer to claim your employment incentive, please fill out the

If you worked at more than one qualifying job during the incentive period and you need to combine the total time worked at each job, you will need to complete the following section(s) for ‘Additional Employment Information’.

**4a. Company Name:** The name of the long-term care company / organization.

**4b. Job Title:** Select from the dropdown menu

**Employment Incentive Request Form**

In the Employment sections below, you must complete the Current/Most Recent employment section. Only complete the "Additional Employment Information" sections if you are using more than one job to qualify. If you were hired before your graduation date, use your graduation date as your start date. Documentation must show your name, the company name, and the pay period dates.

**Employment Information** ✓ Select...

Current / Most Recent Employer

Company Name: \* ABC Company

Company Address: \_\_\_\_\_

Start Date: \* \_\_\_\_\_ Still em

First pay stub: \* Tap to Attach RI

Additional proof of employment: \_\_\_\_\_

If you are using more than one employment section below. Otherwise, please go to Additional Employment Information

Previous Employment: \* Sele

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

**4c. Company Address:** Enter the address of the location you work(ed) here.

**4d. Start Date:** This is the date you began working as a CNA or HHA, after you completed your training through The Gateway-In Project®.

If you already worked in another position for the same employer before completing your training, that previous time worked does not count towards your incentive. The Gateway-In Project® can only provide an incentive for time worked after your training was complete.

LeadingAge California | The Gateway-In Project® CNA & HHA

July 2024 > < >

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Reset Done

First pay stub: \_\_\_\_\_ Last pay stub: \_\_\_\_\_

**4e. Still employed:** Check either Yes or No. If you select No, you will be prompted to enter an end date, which will be the last date you worked at this job.

**4f. Attach Documentation:** Refer to the documentation guidelines on the Employment Incentive Request Form. Any form sent without proper documentation will be denied, and you will need to re-submit your form and start at the end of the queue, so it is very important to complete this part carefully.

## Employment Incentive Request Form

In the Employment sections below, you must complete the Current/Most Recent employment section. Only complete the "Additional Employment Information" sections if you are using more than one job to qualify. If you were hired before your graduation date, use your graduation date as your start date. Documentation must show your name, the company name, and the pay period dates.

**Employment Information**  
Current / Most Recent Employment:  
Company Name: \* ABC Company  
Company Address: 456 street, Sacram  
Start Date: \* 07/25/2... Still emp  
First pay stub: \* FILE: IMG\_0685.jpeg  
Most recent paystub: \* Tap to Attach REQUIRED  
Additional proof of employment: Tap to Attach Proof of employment x

If you are using more than one employment section below. Otherwise, please go to Additional Employment Information

Previous Employment: \* Sele  
Company Name:  
Company Address:  
Start Date: Still emp  
First pay stub:  
Additional proof of employment:  
Additional Employment Information

Photo Library  
Take Photo  
Choose File

We will ask for your first pay stub from this job, and your most recent pay stub. If you do not have pay stubs, you can provide other proof in this section. All documentation must adhere to the guidelines: Your name, the company name, and the dates of employment must all be visible on the same page. If you need to attach more documentation, you can add more on the last page.

Be sure to upload two different documents and do not upload the same pay stub twice.

**Example: Notice how the file names are different. Check your file names before submitting.**

Start Date: \* 07/25/2... Still employed?  Yes  No End Date: \_\_\_\_\_  
First pay stub: \* FILE: IMG\_0685.jpeg x Most recent paystub: \* FILE: IMG\_0684.jpeg x  
Additional proof of employment: Tap to Attach Proof of employment x

### **Section 5: Additional Qualifying Employment**

**5a.** Next, go to the dropdown menu in the 'Additional Employment Information: Previous Employment' line and choose an option:

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### Employment Incentive Request Form

In the Employment section, select "Additional Employment Information".  
 If you were hired before 7/25/2017, additional documentation must show you were employed for at least 6 months.

**Employment Information**  
 Current / Most Recent Employer

Company Name: \* AE  
 Company Address: \*  
 Start Date: \* 07/25/2017  
 First pay stub: \* FIL

Additional proof of employment: \*

If you are using more than one employer, complete this section below. Otherwise, skip to the next section.

**Additional Employment Information**

Previous Employment: No other employer (continue to submit)

**5b.** If you choose ‘**No other employer**’, you can submit your form. You can attach additional documentation or add notes for The Gateway-In Project® staff on the last page before you submit.

**5c.** If you choose ‘**Yes, add another employer**’, you will then be able to fill out additional employment details. Only add an additional employer if you are using that job to qualify for your incentive AND you have proper documentation.

For example, if you worked at your most recent employer for 4 months, but you worked at your previous qualifying employer for 2 months, you can add the time together to claim a 6 month employment incentive.

**Employment Information**

**Current / Most Recent Employment:**

Company Name: \* ABC Company Job Title: CNA (Certified Nurse Assistant)

Company Address: 456 street, Sacramento CA 95815

Start Date: \* 07/25/2... Still employed?  Yes  No End Date: \_\_\_\_\_

First pay stub: \* FILE: IMG\_0685.jpeg x Most recent paystub: \* FILE: IMG\_0684.jpeg x

Additional proof of employment: Tap to Attach Proof of employment x

If you are using more than one employer to claim your employment incentive, please fill out the section below. Otherwise, please go to the next page.

**Additional Employment Information**

Previous Employment: Yes, add another employer (complete section below) ▼

Company Name: \* Job Title: \* Select... ▼

Company Address: \_\_\_\_\_

Start Date: \* Still employed?  Yes  No End Date: \_\_\_\_\_

First pay stub: Tap to Attach REQUIRED x Last pay stub: Tap to Attach REQUIRED x

Additional proof of employment: Tap to Attach Proof of employment x

**Additional Employment Information**

Previous Employment: \* Select... ▼

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Still employed?  Yes  No End Date: \_\_\_\_\_

First pay stub: \_\_\_\_\_ Last pay stub: \_\_\_\_\_

Additional proof of employment: \_\_\_\_\_

**5d.** Again, you will need to choose an option from the dropdown menu. Only choose “Yes, add another employer’ if you will be using a 3rd qualifying job in order to qualify for your incentive. Otherwise, choose ”No other employer” and continue to submit your form.

**Section 6: Submitting Your Form**

On the final page of the form, you may choose to add additional documents or leave notes for The Gateway-In Project© staff.

### Employment Incentive Request Form

Use the space below to attach any additional documentation that wasn't included above. Additionally, feel free to use the Student Notes section for any important information you'd like The Gateway-In Project© staff to consider regarding your employment incentive request.

Additional Documentation

Tap to Attach File Attachm...X

Additional Documentation

Tap to Attach File Attachm...

Additional Documentation

Tap to Attach Copy of File ...X

Additional Documentation

Tap to Attach Copy of File ...X

Student Notes:

6a. You will see a button titled “Finish”, “Tap to sign”, or “Click to sign”, depending on the device you are using. You must click to submit your form and follow the prompts.

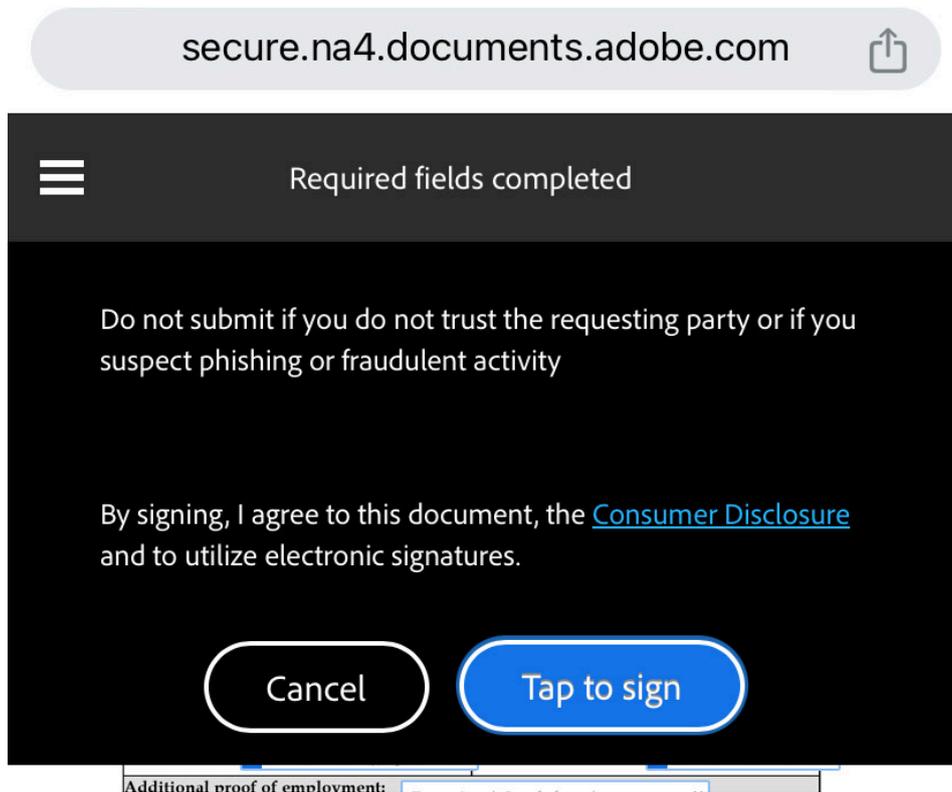
**Examples:**

secure.na4.documents.adobe.com



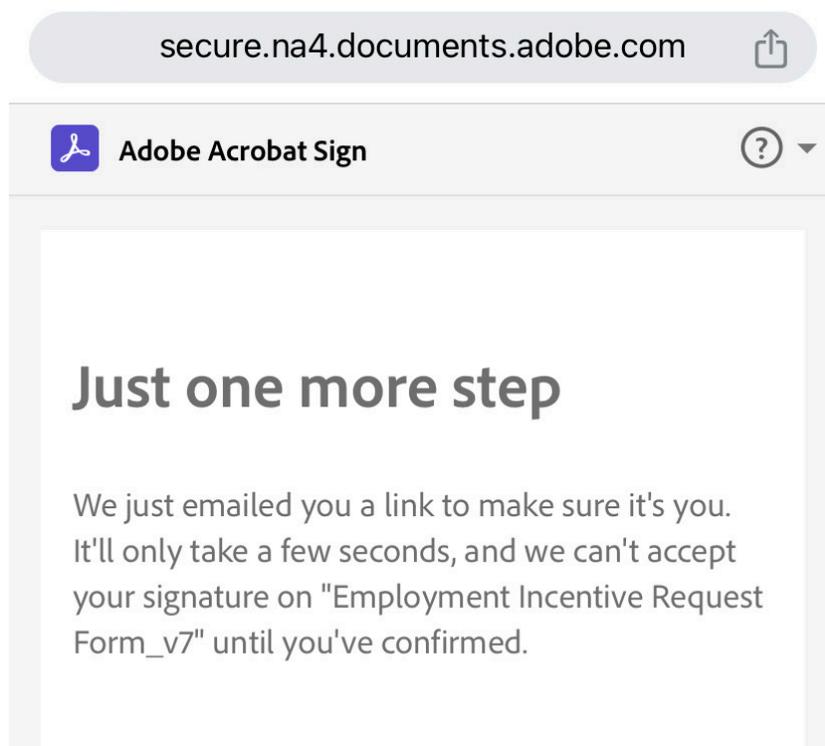
Required fields completed

Finish



### **Section 7: Verifying Your Email**

Adobe will require you to verify your email address each time you submit an Adobe form. This step ensures you are using a valid email address in order to receive updates on your form. Without verifying your email, your form will not be submitted to The Gateway-In Project© staff.



The email you receive will look like this:



UPDATES

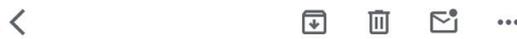


» Adobe Sign

1:27 PM

Please confirm your signature on Employ...

Thank you for signing Employment Incentiv...



Please confirm your signature on  
Employment Incentive Request Form\_v7 Inbox



Adobe Sign 1:27 PM  
to me



Adobe Acrobat Sign



Thank you for signing Employment Incentive Request Form\_v7. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of Employment Incentive Request Form\_v7 as a PDF.

To ensure that you continue receiving our emails, please add [adobesign@adobesign.com](mailto:adobesign@adobesign.com) to your address book or safe list.

Once you click the link to confirm your email address, you will see the message below in green. **This is your only confirmation** that your form was received by the Placement Coordinator. You will not get a copy of your form submission until the form has been fully approved by all parties.

Please refrain from asking if your form was received after submission, as these emails can cause delays for all students awaiting form approvals. If you see the green message below, then your form was indeed received. If you did not verify your email address and did not see the message below, then you will need to submit another form.



Your e-signing of Employment Incentive Request Form\_v7 has been verified. It has now been emailed to the additional signer(s) for their signature.

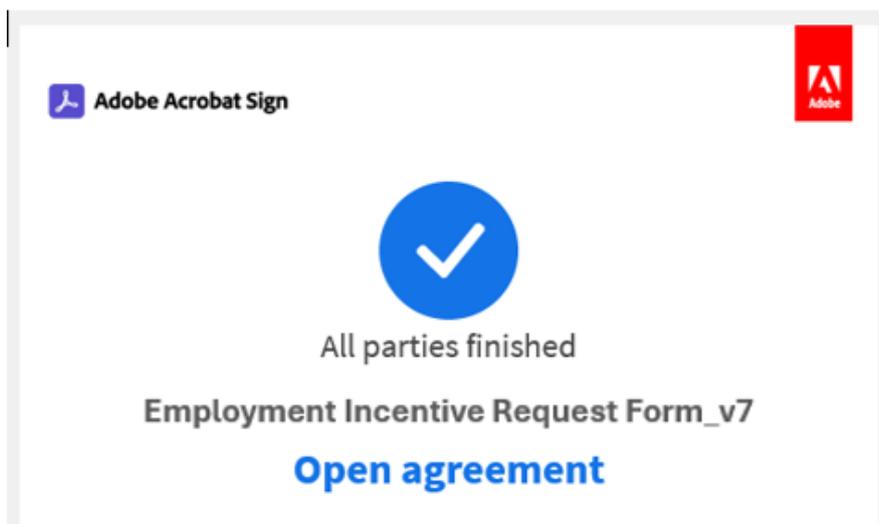
### Request Approval / Denial

**Approved:** If your form is approved, you will get an email from the Placement Coordinator within 5-14 business days to inform you of next steps. The email will look similar to this:



Then, within 30 days of the above email, you will receive an email from Adobe Sign informing you that All parties have completed signing. This means your request form was

approved by the next level of management, and you can expect your payment within the next 1-2 weeks. That email will look like this:



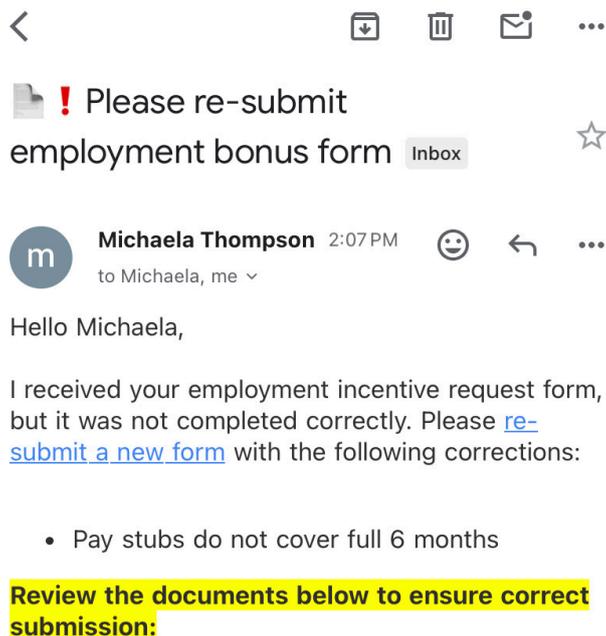
**Denied:** If your form is denied for any reason, you will get an email from Adobe Sign informing you of the reason. This email will look like this:



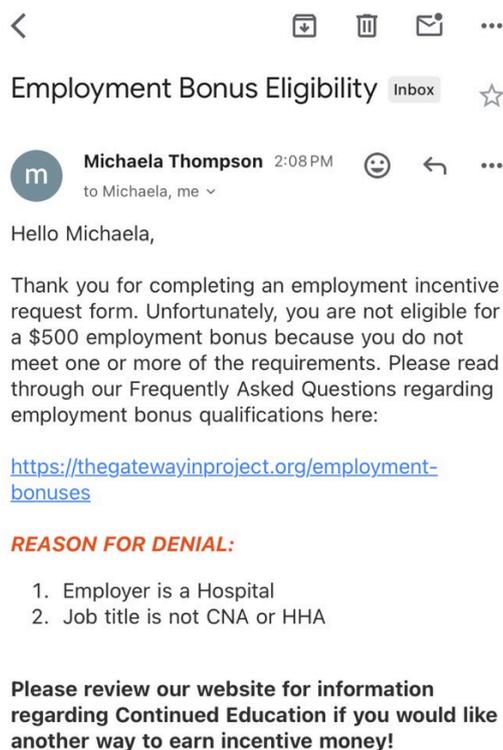
## Employment Incentive Request Form\_v7 Agreement Exchange Canceled

Reason: *Will not approve this document: Pay stubs do not cover the entire 6 month period requested. Please re-submit with proper documentation. See email for more details.*

If your request is **denied due to incorrect form submission**, within 5-14 business days you will receive the above email from Adobe Sign, along with an email from the Placement Coordinator to inform you of corrections needed. The email will look similar to this:



If your request is **denied due to ineligibility**, within 5-14 business days you will receive the above email from Adobe Sign, along with an email from the Placement Coordinator to inform you of denial. The email will look similar to this:



## Final Step: Payment

Once your request is approved, the email you receive will give further information on a payment timelines and instructions for receiving payment.

All payments are scheduled as direct deposit, but you will have a chance to choose a paper check. When the LeadingAge California finance department schedules your payment, you'll get an email from Melio, a 3rd party payment provider (similar to Venmo, but no app required). It is at this point you will be asked to enter your bank information for direct deposit.

If you have received a payment from Melio in the past and need to update your bank, you must email The Gateway-In Project© staff to inform them before your payment is scheduled.

### **Need help?**

For any employment incentive request form inquiries, you can email the **Placement Coordinator** Michaela Thompson: [mthompson@leadingageca.org](mailto:mthompson@leadingageca.org). You can email **All Staff** at [thegatewayinproject@leadingageca.org](mailto:thegatewayinproject@leadingageca.org).