



Annual Employment Experience Form

Competency-Based Training and Longevity Rate Add-On for Providers of Basic Support Services through Local Funding

Agency Provider: This is to be completed at the time of the annual Erie County Board of DD contract renewal. Please verify that the qualified DSP continues to be employed with your agency. Please complete and return form with your annual contract.

DSP's Name:
Agency Name:

I certify that the above DSP has met the Employment Experience requirements.

- 2 years or equivalent paid experience and
- 60 hours of applicable training

I understand that falsifying any information on this document may result in a denial or revocation of contract.

I understand that I need to inform the County Board as soon as the DSP is no longer an employee with my agency.

CEO/Human Resource printed name

CEO/Human Resource's signature

Date