FORM B1

For Internal Use Only
LiLA Participant #_____
Date Received _____
Date Approved _____

EMPLOYEE AGREEMENT FORM

(Please return to employer)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number or email address for best way to contact you: _____

What is your job title? _____

Have you previously participated in a LiLA program? Yes ☐ No ☐

Employer name: _____

What is your wage at this job? Per hour $ _____

How many hours per week do you work at your job? _____

SIGNATURE

I represent that all information provided is true and accurate to the best of my knowledge. I have read the Washington State LiLA Guidelines and agree to abide by the policies and procedures contained in the guidelines. I authorize Washington LiLA, to use this information for program and evaluation purposes and understand that Washington LiLA will not release any of my personal information to any party without my permission or as required by law.

_____ _____

Signature Date