

Senior Service America, Inc. (SSAI)
Agriculture Conservation Experienced Services (ACES) Program

Enrollment Activity

Use the NPA to notify SSAI of all actions related to Enrollment Changes and Authorized Requests.
(Fill in boxes 1, 2 and 11 each time an Enrollment Activity form is submitted. Please print legibly)

1 IDENTIFICATION:

Enrollee: _____ SSN: ___/___/___ Date Submitted: ___/___/___
Worksite: _____ Email: _____
Home Address: _____
 Male Female DOB: ___/___/___ Home Phone: ___/___/___ Work Phone: _____

2 TYPE OF ACTION: Enrollment Change Request Effective Date: ___/___/___
(1,2,3,5,11)

3 ENROLLMENT: New Re-Enrollment

Division/Branch: _____

Phone: ___/___/___ Fax: ___/___/___ Mail Code: _____ Room: _____

Position: _____ (Same as title appearing on approved Position Description)
(Attach approved PD, signed and dated by Monitor and Enrollee. Retain copy)

Level: 1 2 3 4 Hourly Pay Rate \$ _____ Hours Per Week: _____

Funding Source/Program: _____ Grant No.: _____

- Medical Monitoring Required *(If this is a change, please attach revised description)*
 Safety Equipment Required *(If this is a change, please attach revised description)*
 Travel Required Health Insurance Eligibility *(If this is a change, please attach supporting documentation)*

4 TERMINATION:

Resignation Laid Off *(Attach supporting documentation)* Discharged *(Attach supporting documentation)*

Notification Date: ___/___/___ Last Work Day: ___/___/___ ID Badge/EPA Property Returned: ___/___/___

Forwarding Address (for final paycheck, W-2): _____

Other: _____

5 MONITOR: *(Complete each time the monitor and alternate monitor is changed)*

Name: _____ Title: _____

Phone: ___/___/___ FAX: ___/___/___ Mail Code: _____ Room: _____

Alternate Monitor: _____ Phone: ___/___/___

6 PERSONAL DATA CHANGES:

Name: _____ Phone: ___/___/___

Home Address: _____

Other: _____

