



Senior Service America, Inc. (SSAI)

Agriculture Conservation Experienced Services (ACES) Program

8403 Colesville Road, Suite 1200 • Silver Spring, Maryland 20910
 Phone: (301) 578-8900 • Fax: (301) 578-8895

Enrollment Activity Form					
Use to notify SSAI of all actions regarding enrollments, changes and requests. Always use boxes 1, 2, 11.					
1. <input type="checkbox"/> IDENTIFICATION					
Enrollee Name:				Date Submitted:	
Worksite:		(W) Phone:	(W) Email:		
Fill out at Enrollment Only:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: 9/25/1954		SSN:	
(H) Address:		City:		State:	Zip:
(H) Phone:	Cell:	(H) Email:			
2. <input type="checkbox"/> ACTION					
<input checked="" type="checkbox"/> Enrollment <small>(1, 2, 3, 5, 11)</small>	<input type="checkbox"/> Change	<input type="checkbox"/> Request	Effective Date:		(REQUIRED)
3. <input type="checkbox"/> ENROLLMENT all types: complete boxes 3, 5 / attach supporting documentation					
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Change	Division/Branch: USDA/NRCS		Mail Code/Room:
Phone:	Fax:	Email:			
Position: Conservation Planner Level I <i>(approved position description)</i>			Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Hourly Pay Rate: \$	Hours Per Week:	Funding Source/Program:		Task Agreement No#:	
Requirements: <input type="checkbox"/> Medical Monitoring <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Travel			Health insurance Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. <input type="checkbox"/> TERMINATION <i>attach supporting documentation</i>					
<input type="checkbox"/> Resignation	<input type="checkbox"/> Laid off	<input type="checkbox"/> Discharged	Notification Date:	Last Workday:	EPA ID Badge/Property Returned Date:
Forwarding address <i>(for final paycheck, W-2)</i> :			City:	State:	Zip:
Other:					
5. <input type="checkbox"/> MONITOR complete each time monitor / alternate monitor changes					
Monitor Name:		Title:		Mail Code / Room:	
Phone:	Fax:	Email:			
Alternate Monitor:		Phone:	Email:		
6. <input type="checkbox"/> PERSONAL DATA CHANGES					
Name:		(H) Phone:		Cell:	
(H) Address:		City:		State:	Zip:
(H) Email:		Other:			



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7. <input type="checkbox"/> LEAVE REQUEST <i>attach brief explanation.; b - d require a signed, dated doctor's statement</i>		
Type of Leave requested – (5 or more consecutive days)	Last Workday:	Return Date:
<input type="checkbox"/> a. Leave Without Pay (LWOP)		
<input type="checkbox"/> b. Extended Sick Leave		
<input type="checkbox"/> c. Medical Leave		
<input type="checkbox"/> d. Family Medical Leave (FMLA)		
8. <input type="checkbox"/> SAFETY EQUIPMENT REQUEST <i>attach supporting documentation</i>		
Item(s):	Purpose:	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay Vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance Check <i>cost documents</i>
		<input type="checkbox"/> Reimburse Enrollee <i>original receipts</i>
9. <input type="checkbox"/> TRAINING REQUEST <i>attach supporting documentation</i>		
Type of Training:	Cost:	
Training Date(s):	Training Purpose/Benefit :	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance check <i>cost documents</i>
		<input type="checkbox"/> Reimburse enrollee <i>original receipts</i>
10. <input type="checkbox"/> OTHER CHANGES OR TRANSACTIONS		
11. <input type="checkbox"/> AUTHORIZATION SIGNATURE(S) <i>required by SSAI - check w / Monitor re: ACES authorizations required</i>		
Enrollee:	Date:	
Monitor:	Date:	
NRCS/ACES Grant Coordinator:	Date:	

ACES USE ONLY		Route to: <input type="checkbox"/> Records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Accounting	<input type="checkbox"/> Other
ACES Program Director					Date:
Comments:					