

These requests will be answered by HR within 72 hours of form being submitted to: hr@choicetx.com



Human Resources Information Request Form

Name: _____ Date: _____

Check Clearly the Appropriate Boxes

Company: Choice Homecare Choice Rehab

PTO PTO not showing on ADP Balance on ADP not correct Other : _____

Payroll: Date in question- _____ Mileage not Paid or Incorrect (Paid: _____ Unpaid: _____)

Expense not paid (attach expense sheet and receipts attached) CEU Not Reimbursed (attach course and receipt)

Hours Paid Incorrect Visits Paid Incorrect
Hours Paid: _____ Correct Hours: _____ Visits Paid: _____ Correct Visits: _____

Other : _____

*Please notify HR immediately if you did not get paid. Payroll errors on the part of the payroll department in excess of 5 hours or 5 visits will be addressed ASAP via net check. Errors less than 5 hours or visits will be corrected on the following payroll. Errors due to improper submission of time, failure to submit worked time, failure to submit PTO request, or other employee errors that cause the payroll department to be unable to accurately determine the time worked will be addressed on the most immediate payroll that corrections are submitted under collection guidelines. Please refer to payroll policy and procedure.

Uniform: Not reimbursed for screen printing Wrong size Would like to order # _____ more Need logo File

Other or Specifics regarding orders (New size needed, tops, bottoms, sets, file type, reimbursement amount, etc): _____

Equipment: Mifi Laptop Tablet Other: _____

Not working Charger missing or lost No service Other Issue or Specifics: _____

Software: Kinnser Axxess Rehab Optima Go Daddy Company Email

I did not receive my login Password reset Other or Specific: _____

Other Request Not Listed: _____

Fleet/Company Car: *HR should only be notified if the vehicle is involved in an accident. Issues regarding inspection, registration, gas/maintenance card, car damage (other than accident) please contact Enterprise directly. Anthony Martinez 214-267-7500

Licensure/Certifications: Please send all updated licensure certifications to HR@choicetx.com or HR@choicerehab.com. Ex: Updated driver's license, professional licensure, TB, CPR, etc

THIS FORM WILL EXPEDITE THESE REQUEST. THIS PROCESS IS IN PLACE TO BETTER SERVE CHOICE EMPLOYEES REGARDING THESE AND OTHER ISSUES. CONTACTING HUMAN RESOURCES FOR ITEMS REGARDING THE ISSUES ON THIS FORM WITHOUT ITS USE MAY DELAY RESPONSE TIME.