

# Human Resources Forms

If the form you are looking for is not here, contact HR @ 501 982-0528

## A

[ADA Forms](#)

[Adult Maltreatment Form](#)

## C

[Child Maltreatment Form](#)

[Client Evaluation Form](#)

[Criminal Record Check-LTC](#)

[Criminal Record Check](#)

## D

[Direct Deposit Agreement](#)

[Disciplinary Action Form](#)

[Driver Questionnaire](#)

## E

[Emergency Contact Form](#)

[Employee Change of Status-Fillable Form](#)

[Employee Change of Status-PDF](#)

[Printable](#)

[Evaluation Forms](#)

[Exit Interview Form and Procedures](#)

## F

[Fingerprint Questionnaire](#)

## H

[Health Coverage Options Form](#)

## I

[I-9 Form With Instructions](#)

## J

[Job Description List](#)

## L

[Leave Without Pay Request Form](#)

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[Non-Driver Information Form](#)

## P

[Pathfinder Policy & Procedures Handbook](#)

[Performance Improvement Plan](#)

[Personal Leave Request-Advanced](#)

[Personnel Request Form](#)

## R

[Reference Release Form](#)

## S

[Special Entry Rate Form](#)

## T

[Tax Form-2025 W-4](#)

[Tax Form-AR STATE 2022](#)

## Worker's Compensation Forms

IF YOU ARE NOT SURE WHAT NEEDS TO BE DONE, PLEASE CONTACT HR AND WE WILL GLADLY ADVISE YOU. 501 982-0528

[About Worker's Compensation](#)

[Worker's Compensation Form P](#)

[\(1\) Worker's Compensation Incident Report](#)

[\(2\) First Report Of Injury or Illness](#)

[\(3\) Employee's Notice of Injury-WC FORM](#)

[N](#)

[\(4\) Supplemental Report-WC FORM S](#)

## Miscellaneous Forms

[PATHFINDER FAX COVER](#)

[SHEET PATHFINDER PROPERTY FORM](#)

[PATHFINDER TRAVEL FORM](#)

## Insurance Forms

[Pathfinder Benefits Book](#)

[Pathfinder 2025-2026 Insurance Rate Calculation](#)