

# SERVICE AGREEMENT – WAGE MEMO

Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. The Member/Employer and/or their Representative will determine the hourly rate of pay for their Worker based on their Consumer-Directed Services budget. You will complete and sign this form with your Member/Employer and/or their Representative. Service provided that exceeds the Member's budget will not be paid by CDTN.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus Employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That's the information you write in the "Hourly Rate".

"Change Hourly Rate" should be marked **ONLY** if the Worker is already working and you want to change their hourly rate of pay. Upon receipt and processing of a complete and accurate pay rate change form, CDTN will change the hourly rate of pay at the beginning of the next available pay period.

Request Type: ☐ New Service ☐ Change Hourly Rate Effective Date: \_\_\_\_\_

Hourly Services – Service Name, Service Codes and Hourly Pay Rate:
<input type="checkbox"/> Respite \$_____ per hour <input type="checkbox"/> Supportive Home Care \$_____ per hour

## Back-up Support (check one):

☐ Yes ☐ No The Worker will serve as back-up if other Workers are unable to provide services.

## Agree and Sign

The Worker and Employer of Record have:

- Read all of this form.
- Agree that the details provided are accurate and complete.
- Discussed and agreed to the above-listed services and/or hourly rate details.

This form is not intended to create a contract of employment or rate of pay for a specific period of time.

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Employer of Record Signature

\_\_\_\_\_  
Date: