



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: \_\_\_\_\_

<b>Hourly Services – Service Name, Service Codes and Hourly Pay Rate:</b>
<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:

