

Consumer Directed Services
Wage and Benefits Plan
Employee Compensation

Employee Name (Last, First, Middle initial)

Social Security No.

Date of Hire

First Date of Work

Initial Wage and Benefit Plan

Plan Change — Effective Date:

Name of Program Service Being Provided:

Compensation:

Regular Hourly Wage

Calculation of Overtime Hourly Wage

Employee = \$

Hourly \$ + \$0 (50%)=\$ 0

Respite = \$

Hourly \$ + \$0 (50%)=\$ 0

Benefits: Optional

Hepatitis B Vaccination (Attach completed Form 1727 if vaccination is requested by the employee.)

Employer. List other optional benefits here. (Attach additional sheet, if required.)

Withholdings:

W-4 Employee's Withholding Allowance Certificate (Attach completed Form W-4.)

Required Garnishments

Type: Amount:

Frequency: Payment To:

Voluntary Withholdings (not related to W-4)

Type: Amount:

Frequency: Payment To:

Other

Acknowledgement/Agreement:

Time Sheets/Service Delivery Logs must be completed accurately each work shift/day. Payment for services delivered is made from state and/or federal funds. Falsification of a time sheet is considered fraud and is punishable under the law.

Accurate, signed time sheets are due:

Paychecks are distributed by (method): at least twice a month on

or every other week starting

Employee and employer mutually agree to the compensation, benefits, withholdings and all information above and agree that any changes or revisions must be documented and provided to the employee, the employer and the Financial Management Services Agency.

Signature - Employer or
Designated Representative

Date

Signature - Employee

Date