

Employee/Attendant Regular Hourly Rate Change Request

Effective January 01, 2018:

I, _____, the Employer/Consumer for my
Employee/Attendant _____, choose to pay
my Employee at the designated regular hourly rate, as I have set forth below, for a
period of up to one year from the date this Employee/Attendant Regular Hourly Rate
Change Request form is received by DCAI.

I understand I can pay my Employee any regular hourly rate within the range of \$7.85 to
\$10.40 and choose to pay my Employee \$_____.

Employer/Consumer Signature:

Date:

Revised 01/02/18 klp

CM: _____

DE: _____