

**Aged and Disabled Waiver**  
**West Virginia Personal Options**  
Wage Notice and Change Request Form

If you chose to change your employee's rate, you must fill out this form and submit to your resource consultant. Your resource consultant will help you revise your spending plan to show the employee's wage change.

The maximum rate for transportation is defined by West Virginia Bureau for Medical Services, to find out more information, please contact your resource consultant.

**Current Hourly Employee Wage:** \_\_\_\_\_

**Employee Wage Change Request** (must begin the 1<sup>st</sup> of the following month)

_____	_____
Employee Wage Change	Effective Date
_____	_____
Transportation Wage Change	Effective Date

\_\_\_\_\_

**Participant Name**

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Employee Name**

\_\_\_\_\_

**Employee Signature**

\_\_\_\_\_

**Date**

Reminder: This form must be submitted to your Resource Consultant.