

WORKER SERVICES AND RATES

Worker Name		
First:	<input type="text"/>	Last: <input type="text"/>
		PPL ID: <input type="text"/>
Member Name		
First:	<input type="text"/>	Last: <input type="text"/>
		PPL ID: <input type="text"/>
Employer Name		
First:	<input type="text"/>	Last: <input type="text"/>

The hourly rate of pay for the Worker based on the Member's Self-Directed Services budget.

! 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 is the number you enter in the "Hourly Rate" field.

"Change Hourly Rate" should be marked ONLY if the Worker is already working and you want to change their hourly rate of pay. Once PPL receives a complete form, we will change the hourly rate of pay at the beginning of the next available pay period. Please include Service Name and Service Code for the hourly rate being changed.

Request Type: New Service Change Hourly Rate

Service Name and Service Code	Hourly Rate
Personal Assistance Services T1019-UA	
In-Home Respite S5150	
Supportive Home Care Services T1019-UC	

- The Worker wants to serve as back-up if other Workers are sick or unable to provide services.
- The Worker does not want to serve as back-up if other Workers are sick or unable to provide services.

Agree and Sign

I confirm:

- I read all of this form.
- The details provided are accurate and complete.
- I have discussed the above-listed service and/or hourly rate details with my worker.
- This form is not intended to create a contract of employment or rate of pay for a specific period of time.

Member or Employer or Representative Signature:

Date: