

**Georgia NOW & COMP Waiver Programs
 RATE CHANGE EMPLOYMENT
 AGREEMENT
 Between Participant (Employer) and
 Employee**

The Employee is hired and supervised directly by the Employer. Employee must comply with the policies outlined below. This document must be signed and copies maintained by the Employer and Employee. An additional copy must be included in the completed Employment Packet that is sent to PPL.

Parties to Agreement

This employment Agreement is made this ___ day of _____, 20 ___, by and between _____, hereinafter called "Employee," and the Participant or Designated Representative _____ hereinafter called "Employer." The purpose of this Agreement is to establish the responsibilities of the parties to each other. The Employee is an Employee at will. The Participant served under this agreement is _____.

Compensation

The Employee shall be compensated for his or her services at a rate specified below. This rate must be no less than the prevailing minimum wage in the State of Georgia, or the Federal Minimum Wage, whichever is higher. Employers can use the cost to you sheet in the Employer Welcome packet to determine the correct rate for the employee.

(Please use the 3 letter code found in the "Service Code" column of the "Services Description Sheet".)

Service Code	Employee Rate

The Employer and Employee must sign below to change the employees rate of pay during the employment relationship through this program. By signing below, the Employee and the Employer listed hereby agree to all changes, qualifications, duties, responsibilities, and policies as outlined in this Employment Agreement.

Employer's Signature: _____

Date: _____

(If Representative) Relationship to Employer: _____

Employee Signature: _____ Date: _____

Employee Telephone Number: _____

***Both pages of the Rate Change Employment Agreement must be submitted to PPL.**