



Employee Wage Notice Louisiana OAAS-CCW

The Louisiana OAAS-CCW Employee Wage Notice serves as a request for Acumen to establish or change the wage you pay your employee. You must complete this form and submit it to Acumen. This will allow for proper payments to be made to the employee for the services provided. Rate change forms **must be received by Acumen two weeks prior to the effective date** for which the rate change is to take effect. If a two week notice is not provided, the form will **not** be processed. Retroactive (backdated) rate changes are **not** allowed. Please consult the "Show me the Money" for rate information.

Employee Name (please print): _____

Employee SSN (last 4 digits): _____

Service: PAS Wage:\$ _____

Service: PA2 Wage:\$ _____

Service: PA3 Wage:\$ _____

PAS = Personal Assistance Services
PA2 (PAS-2) = Personal Assistance Services Shared by 2 Participants
PA3 (PAS-3) = Personal Assistance Services Shared by 3 Participants

Effective Date (must be 1st or 16th of the month): _____

**rate changes cannot be retroactive*

I hereby acknowledge that as the employer, it is my responsibility to comply with Federal minimum wage and overtime requirements. I am also authorizing the wage(s) accordingly. I also understand and acknowledge that increasing wages and/or paying overtime reduces how many hours or units of service I have available and/or how much of my budget is available in other services.

Employer Name (please print): _____

Participant Name (if different from employer): _____

Employer Signature: _____ Date: _____

- Please complete this form for each new employee.
- Please complete this form for each employee that you wish to have the payroll wage changed.
- This form must be received by Acumen **two weeks** prior to the effective date. If a two week notice is not provided, the form will **not** be processed.

EMAIL, FAX or MAIL to:

enrollment@acumen2.net

1-866-923-5334

Acumen Fiscal Agent, LLC

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