



MINNESOTA EMPLOYEE RATE INFORMATION FORM

Employee Name	Employee SS# (last 4 digits)
Participant Name	Effective Date (pay period)

Please complete a new copy of this form for each new employee, and for any employee that you wish to have the payroll rate changed.

This is a request for ACUMEN to make the following rate change for the above employee. To ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. **Rate changes must be received by Acumen at least two (2) weeks prior to the pay period start date for which they are to take effect. If a two (2) week notice is not provided, the form will not be processed.** Retroactive rate changes are not allowed.

- PA – Personal Assistance \$ _____ Per hour
(parent of minor child or spouse rate cannot exceed program max)
- TNT – Treatment & Training \$ _____ Per hour

Employer Name (please print) _____

Employer Signature _____

Date _____

Please return to Acumen:

Fax: (855) 264-3289
Email: enrollment@acumen2.net
Mail: Acumen Fiscal Agent, LLC.
5416 E Baseline Rd, Ste 200
Mesa, AZ 85206