

NC CAP Employee Rate Form

To ensure proper payment, please provide the following information so the employee is paid the correct rate for the service(s) provided. Please consult the *Show Me the Money* form for rate information. **Rate changes must be received 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.

Employee Name (please print): _____

Use the code found in the Billing Code column of the *NC CAP Show Me the Money* form.

Service Code(s): 1. _____ 2. _____

Current Employee Rate: \$ _____

Requested Employee Rate: \$ _____

Effective Date _____ (*rate changes **cannot** be retroactive)

Participant/Client Name _____

Participant or Representative Signature _____ Date _____

Case Worker Agency (optional) _____

Case Worker Name (optional) _____

Case Worker Contact (optional) _____

- Please complete this form for each new employee **and** each time you would like to change your employees' pay rate.
- This form **must be received two (2) weeks prior to the pay period start date for which the rate is to take effect. If two week notice is not provided, the form will not be processed.**
- Be advised most employers are required to pay their employees overtime (time and a half) for any hours worked over 40 each week.
- If you have more than one active employee we are required to obtain a Workers' Compensation policy for all of your employees. The cost of the policy comes out of your budget. Refer to the "Show Me the Money" form for information on max pay rates and how the cost of the policy impacts the pay rate.

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