



## EMPLOYEE WAGE RATE FORM

This form is used when a self-directed employee is hired or a change in rate of pay is needed by an individual/employer of record in the NJ Division of Developmental Disabilities (NJ DDD) program.

<b>Employee Name</b>	
First: <input type="text"/>	Last: <input type="text"/>
<b>Individual Name</b>	
First: <input type="text"/>	Last: <input type="text"/>
<b>Employer Name (this must be completed IF different than Individual)</b>	
First: <input type="text"/>	Last: <input type="text"/>

<b>Support Coordinator Details</b>	
First and Last Name:	Phone
Email:	Agency:

<b>Support Broker Details (if applicable)</b>	
First and Last Name:	Phone
Email:	Agency:

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. *Retroactive rate changes are not allowed.*

**Agree and Sign:** I confirm that the details given are accurate and complete.

<b>Employer Signature:</b>	<b>Date:</b>
<b>Employee Signature:</b>	<b>Date:</b>