Hawaii CDO Employee Rate Form

This is a request for Acumen to make the following rate change for the employee listed below. Please provide Acumen with the following information so the employee is paid the correct rate for the service(s) the employee is providing.

Rate changes will become effective at the beginning of a pay period (1st or 16th of the month). Therefore, completed rate forms MUST be received by Acumen at least two (2) weeks BEFORE the effective date. Retroactive rate increases are not allowed. Please refer to the "*Show Me the Money*" for rate information.

Employee's Name (printed): _____ Employee's SSN (last 4): _____

Oahu Only:	***Service Codes***	***Rate of Pay***
Personal Assistance/Habilitation 1:1	*PAB1 / PAB1-O*	$_____
Community Learning Service Individual	*CLS1x / CLS1Ox*	$_____
Respite 1:1	*RSP1x / RSPOx*	$_____
Chore Services	*CHRx / CHROx*	$_____
Maui County, Hawaii County and Kauai:		
Personal Assistance/Habilitation 1:1	*PB1Bx / PBOBx*	$_____
Community Learning Service Individual	*CL1Bx / CLOBx*	$_____
Respite 1:1	*RS1Bx / RSOBx*	$_____
Chore Services	*CHRBx / CHOBx*	$_____

Effective Date: _____ *(Wage increases are not retroactive)*

Participant's Name (please print): _____

Employer (Print Name)	Employer Signature	Date
Employee (Print Name)	Employee Signature	Date

- Please complete this form for each NEW employee
- Please complete a NEW rate form when you'd like to give an employee an hourly wage increase
- When a NEW service is added to the Participant's ISP, a NEW rate form is needed for each employee that will be providing that new service.

You can return all completed forms either by:
EMAIL: enrollment-hi@acumen2.net / FAX: (808) 427-8180
MAIL: Acumen Fiscal Agent – 1001 Bishop St., Suite 990, Honolulu HI 96813