



EMPLOYEE PAY RATE (HOURLY WAGE) 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.

Employee Name	
First:	Last:
Individual Name	
First:	Last:
Employer Name (this must be completed IF different than Individual)	
First:	Last:

Support Coordinator Details	
First and Last Name:	Phone:
Email:	Agency:

Support Broker Details (if applicable)	
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.*

Wage Information	
Service Name	Hourly Wage

Agree and Sign: I confirm that the details given are accurate and complete.	
Employer Signature:	Date:
Employee Signature:	Date: