Acumen Fiscal Agent
Innovation • Opportunity • Freedom

North Carolina CAP
Employee Rate Form

Participant Name: _____

Employer Name: _____

Employee Name: _____

Employee Social Security Number (last 4 digits): _____

Requested Effective Date: _____

Purpose:

Use this form to establish or update an employee's pay rate. Please provide the information below so Acumen can ensure the employee is paid the correct rate for the service(s) provided. Rate changes take effect on the first day of the next applicable pay period after the completed form is received by Acumen and will not be applied retroactively. Please refer to the current Maximum Rate Sheet for applicable rates.

Service Code: _____ Employee Rate: $_____

Service Code: _____ Employee Rate: $_____

Service Code: _____ Employee Rate: $_____

Service Code: _____ Employee Rate: $_____

Service Code: _____ Employee Rate: $_____

Attestation:

I confirm that the information provided on this form is accurate and complete. I understand that rate changes will take effect on the first day of the next applicable pay period and will not be applied retroactively.

Employer Signature: _____ Date: _____

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