



*Your Challenge... Our Commitment*

Self-Direction Salary Form

**Employee Name:** \_\_\_\_\_

**Individual Getting service:** \_\_\_\_\_

**Employee Schedule:**

Sun      Mon      Tue      Wed      Thu      Fri      Sat

Start/Stop Time

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

1. *Reminder - No overtime is permitted. (Hours worked in one week must not exceed 40).*

2. *Work week is **Monday-Sunday***

**Current/Starting Salary:**

Per hour

**New Salary:**

Per hour

- 1. *Is new rate of pay included in your budget?*
- 2. *If Rate is not included in the budget or in a CNBA - you must contact your broker.*

**EFFECTIVE DATE: Will be the first day of the following pay period starts after we receive completed forms**

**Participant Name:**

**Employee Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Individual Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**FI Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

HR Use Only

Notes: \_\_\_\_\_

MITCQbooksPeopleTrak

Precisioncare

Company mileage Benefits effected? Y N

107 ROANOKE AVENUE

RIVERHEAD, NY 11901

(631) 369-7345

[www.eed-a.org](http://www.eed-a.org)

