



## EMPLOYEE SERVICES AND RATES

Employee Name		
First:	<input type="text"/>	Last: <input type="text"/>
PPL ID:	<input type="text"/>	
Participant Name		
First:	<input type="text"/>	Last: <input type="text"/>
PPL ID:	<input type="text"/>	
Employer Name		
First:	<input type="text"/>	
Last:	<input type="text"/>	

The hourly rate of pay for the Employee based on the Participant’s Self-Directed Services budget.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the “Hourly Rate” field.

“Change Hourly Rate” should be marked ONLY if the Employee is already working, and you want to change their hourly rate of pay. Once Public Partnerships LLC (PPL) receives a complete form, we will change the hourly rate of pay at the beginning of the next available pay period. Please include Service Name and Service Code for the hourly rate being changed.

**Request Type:**    New Service    Change Hourly Rate

Service Name and Service Code	Hourly Rate

Agree and Sign	
<p>I confirm:</p> <ul style="list-style-type: none"> <li>▪ I read all of this form.</li> <li>▪ The details provided are accurate and complete.</li> <li>▪ I have discussed the above-listed service and/or hourly rate details with my Employee.</li> <li>▪ This form is not intended to create a contract of employment or rate of pay for a specific period of time.</li> </ul>	
<p><b>Participant or Employer or Representative Signature:</b></p> <input type="text"/>	<p><b>Date:</b></p> <input type="text"/>
<p><b>Employee Signature:</b></p> <input type="text"/>	<p><b>Date:</b></p> <input type="text"/>