



Creating Opportunities for Happy Lives!

Self-Direction Salary Form

Employee Name: _____

Employee Schedule:

Circle Days: Sun Mon Tue Wed Thu Fri Sat

Start/Stop Time							
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1. *Reminder - No overtime is permitted. (Hours worked in one week must not exceed **40**).*
2. *Work week starts Monday and ends 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.*

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Effective Date: _____

If the rate of pay needs a new CNBA to be completed - the effective date will be the date that EEDA receives the approved CNBA from OPWDD.

Participant Name: _____

Employee Signature: _____

Date: _____

Individual Signature:

Date:

FI Signature:

HR Use Only

Effective Date: _____

Notes: _____

MITCQbooksPeopleTrak

Precisioncare

Company mileageBenefits effected? Y N

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