Wage Form

Within the approved ODP wage range, I choose that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (staff name) as a Support Service Professional (SSP) providing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual) providing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ service (billing code), will be paid the following through Agency With Choice administered through PathWays.

Dollar amount per hour

+ Benefit allowance ($2.60 if using benefit allowance, $0 if not)

= TOTAL HOURLY RATE

If a **NEW HIRE**, effective pay rate on approved date of hire: $

If a **WAGE INCREASE/DECREASE,** new rate: $ as of (date)

Managing Employer Signature Date

Employee Signature Date

PathWays Representative Signature Date

\*PathWays signature indicates the wage is in compliance with federal and state labor laws and falls within the guidelines of the Office of Developmental Programs.