

EMPLOYEE RATE INFORMATION FORM

Employee Name: _____

Client Name: _____ Effective Date (pay period): _____

Please complete a new copy of this form for each employee that you wish to have the payroll rate changed.

This is a request for Leonard Consulting to make the following rate change for the above employee. Rate changes will take effect on the 1st and 16th of each month. Rate change forms must be received by Leonard Consulting 1 week prior to the start of the pay period for which they are to take effect. Retroactive rate changes are not allowed.

Required: Please write "NEW RATE" in big letters, on the top of the first timesheet, after submitting the rate change.

- CH1 – Chore Service \$ _____ per hour - or- Max Rate
- CO1 – Companion Services \$ _____ per hour - or- Max Rate
- HS1 – Chore & Homemaker Services \$ _____ per hour - or- Max Rate
- PA1 – Personal Assistance \$ _____ per hour - or- Max Rate
- RP1 – Respite \$ _____ per hour - or- Max Rate
- RP6 – Respite with Room & Board \$ _____ per hour - or- Max Rate
- RP7 – Group Respite w/o R&B \$ _____ per hour - or- Max Rate
- RP8 – Group Respite with R&B \$ _____ per hour - or- Max Rate
- SL1 – Supported Living* \$ _____ per hour - or- Max Rate
*Employee must be at least 18 years of age to provide this service

Employer Name (please print): _____

Employer Signature: _____ Date _____

Employee Signature: _____ Date _____

Please refer to the "How Much Can I Pay" Sheet to see the current pay rates and costs.

Please return this form to Leonard Consulting, LLC

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