



Direct Care Worker (DCW) Rate Change Form

Complete this form to **add a new DCW Pay Rate** or **change an existing DCW Pay Rate**. DCW pay rate changes will go into effect at the beginning of the next pay period.

Sign, date and return to Tempus Unlimited, Inc. by using any of the methods listed below:

- Email: PAFMS@tempusunlimited.org
- Fax: 1-833-5TEMPUS (1-833-583-6787)
- Mail: Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072

Participant Name:		Employer Name:	
DCW First Name:	DCW Last Name:	DCW ID# or SSN:	
Reason for Rate Change: <input type="checkbox"/> New Pay Rate <input type="checkbox"/> Change an Existing Pay Rate			

Direct Care Worker Pay Rate	
The DCW's pay rate is negotiated between the Common Law Employer (CLE) and the DCW up to the maximum rate allowed. Please fill in the requested Hourly Pay Rate for the service code the DCW will work. *If rate entered is higher than allowed in the program, the rate will be reduced to the highest rate allowed.	
Service	DCW Pay Rate per Hour*
Personal Assistance Services (W1792) (Default)	\$
Respite (S5150)	\$
Participant Directed Community Supports (W1900)	\$

Direct Care Worker Signature

Date

Common Law Employer Signature

Date