



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			
<p>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.</p> <p>*If rate entered is higher than allowed in the program, the rate will be reduced to the highest rate allowed.</p>			
Service		DCW Pay Rate per Hour*	
Personal Assistance Services (W1792) (Default)		\$	
<input type="checkbox"/> Check here if you would like to pay the maximum hourly pay rate available for PAS. If you select the checkbox, please leave the amount field blank,			
Respite (S5150)		\$	
<input type="checkbox"/> Check here if you would like to pay the maximum hourly pay rate available for Respite. If you select the checkbox, please leave the amount field blank.			
Participant Directed Community Supports (W1900)		\$	

Sign, date, and return this form to Tempus:

Direct Care Worker Signature **Date**

Common Law Employer Signature **Date**