

New Hire/Salary Change Request

DSP Staff: _____

NEW HIRE

NAME OF PARTICIPANT: _____

PARTICIPANT'S/FAMILIES PHONE #: _____

NAME OF NEW HIRE: _____

DATE OF HIRE: _____ START DATE: _____

PAY RATE: _____

SALARY CHANGE REQUEST

NAME OF PARTICIPANT: _____

PARTICIPANT'S/FAMILIES PHONE #: _____

NEW RATE EFFECTIVE DATE: _____

DATE CORE EVALUATION COMPLETED: _____ DATE OF EVALUATION: _____

BUDGET APPROVAL DATE: _____

NEW RATE: _____

Any rate changes should be submitted to the SD Coordinator by the 1st of each month. All changes will go into effect for the following pay period.

Signature of Participant or Designee

Date:

This form must be emailed to the Participant's SD Coordinator with all necessary documents

FOR OFFICE USE ONLY

DATE APPROVED: _____ APPROVED BY: _____

SUPERVISOR APPROVAL: _____ DATE: _____

PAYROLL DEPARTMENT: _____ DATE: _____