

ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)
Notice of Employee Pay Rates

A. NEW HIRE (Complete this section when hiring a new employee)

Employee: _____
Last Name First Name

Address: _____
Street City State Zip code

Pay rate for **PSA**: _____ Pay rate for **APSA**: _____

Member/Employer (Printed Name): _____

Member/Employer Signature: _____

Date: _____

B. PAY RATE CHANGE (Complete this section when changing an existing employee's pay rate)

Employee: _____
Last Name First Name

Address: _____
Street City State Zip code

Current pay rate for **PSA**: _____ New pay rate for **PSA**: _____

Current pay rate for **APSA**: _____ New pay rate for **APSA**: _____

***The New Pay Rate will be effective on the first day of the next pay period.**

Member/Employer (Printed Name): _____

Member/Employer Signature: _____

Date: _____

Please Fax this form to LTCA at: 918-879-1267

OR

Mail to: LTCA 130 N. Greenwood Tulsa, OK 74120