

Living Independently in Northwest Kansas

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2401 E. 13th Hays, KS 67601

(785) 625-6942 (V/TT) (785) 625-6137 (FAX)

WAGE DETERMINATION FORM

Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Support Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the employer, you have the right to choose the wage your Direct Support Worker starts at, as long as it is within the following guidelines:

**OVERNIGHT ONLY**

* The maximum amount your worker can receive is $11.56/hr.
* The minimum amount your worker can receive is $7.25/hr.

I (consumer name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to start my Direct Support

Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at a rate of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per hour.

* If you wish to change the rate of pay for your DSW, you must

request a new Wage Determination Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSW Signature Date

[](http://www.kacil.org/#_top) *ECS-DD*