



1802 E. Spruce St.
P.O. Box 2090
Garden City, KS 67846
Phone: 620-276-1900
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Self-Directed Personal Service Program Personnel Action Request

Attendants Name: _____

Address: _____
Street City, State Zip Code

Telephone Number: (____) _____ Social Security Number: _____

I am requesting he / she be paid through Center for Independent Living Southwest Kansas payroll management system.

New Hire:

_____ I have hired the above named individual to work for me as a Personal Care Attendant Starting Date ____ / ____ / 20__ at a pay rate of \$ _____ per hour (must be between \$ 7.25 & \$ 8.00 per hour)

Pay Change:

_____ I am requesting a change in pay rate from \$ _____ per hour to \$ _____ per hour (must be between \$ 7.25 & \$ 8.00 per hour). The proposed effective date of the new pay rate is ____ / ____ / 20__ (the date must be the 1st or 16th and for the following pay period). The reason for change in pay is:

_____ Annual _____ New Responsibilities _____ Other (explain)

Consumer / Employers Name (Please Print)

Consumer / Employers Signature

Date

HCBS PCA Coordinator, Shirley Arteaga

Date

Form - PA-PAR1
rev. 2/10 (trr)