



## North Carolina CAP Program Employee Rate Form

To ensure proper payment, please provide Outreach/Acumen with the following information so the employee is paid the correct rate for the service(s) provided. **Rate changes must be received by Outreach/Acumen at least two (2) weeks prior to the pay period start date for which they are to take effect. If a two (2) week notice is not provided, the form will not be processed.** Retroactive rate changes are not allowed. Maximum pay rates may differ by service code..

Employee Name (please print): \_\_\_\_\_

Employee Social Security Number (last 4 digits) \_\_\_\_\_

Current Employee Rate:\$ \_\_\_\_\_

Requested Employee Rate: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_ (\*rate changes **cannot** be retroactive)

Participant Name (please print): \_\_\_\_\_

*EOR Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

- Please complete this form for each employee **and** each time you would like to change your employees' pay rate.
- This form **must be received by Outreach/Acumen two (2) weeks prior to the pay period start date for which the rate is to take effect.** If two week notice is not provided, the form will not be processed until the next pay period. Refer to the Pay Schedule\* to see pay period dates.
- Be advised most employers are required to pay their employees overtime (time and a half) for any hours worked over 40 each week.

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