

Employer Pay Authorization

Purpose:

This form is used for Participant\Employer to authorize payment to their Caregiver\Employee which attest that a review of hours recorded through the attendance system is accurate and in accordance with the Individual Person of Service (IPOS).

Participant\Employer: _____	Caregiver\Employee: _____
PAS id: _____	Payroll id: _____
Agency id: _____	Telephone: _____
Telephone: _____	
Service address: _____	
City, State, Zip: _____	
Service Period:	
From: _____	to _____
Due Date: _____	Pay Date: _____
<p>I the Employer have reviewed the following before signing the Employer Pay Authorization Form: The following is necessary to process a Medicaid Claim.</p> <ol style="list-style-type: none">1. Verify the Employee days and hours worked2. Verify the Employee has worked the schedule hours authorized3. Verify the Employee has not exceed the Medicaid service authorization4. Verify the Employee selected the tasks performed5. Verify the Employee documented progress\visit note	
<p>I certify that the information recorded in the Attendance System is accurate and complete. Also with clocking in\out in the Attendance System I documented the daily tasks performed and daily progress\visit notes. My signature confirms all hours worked for the service period above was provided as face-to-face hours in accordance with my Employers Individual Plan of Service and Service Authorization. I understand that payment will be made based upon the Medicaid Service Authorization, recorded hours from the Attendance System, training requirements and payment is approved by the Funding Agency.</p>	
_____ Employee	_____ Date
<p>As the Employer or Representative I have reviewed and certify that my Employee's hours recorded in the Attendance System were performed as face to face services as outlined in the Individual Person Center Plan (IPOS). I authorize Personal Accounting Services, Inc. to pay my employee for the Medicaid services provided. I understand that if my employee has not completed or maintained the required trainings, Medicaid funding cannot be used, and it will be my responsibility to make payment to my Employee.</p>	
_____ Participant\Employer\Legal or Designated Representative	_____ Date

Submit form:

Fax: (734) 206-1440

Personal Accounting Services, Inc. - Employer Agent
20500 Eureka Rd Suite 112
Taylor, MI 48180
Telephone: (734) 729-3100

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Address Change Request/Notification Form

*Please Check One Employee Employee

Full Name _____

P **V** _____

Email _____

Address _____

New Address _____

Reason _____

Today's Date _____ **Change Effective Date** _____

Signature _____

*Return to the HR Department (HR Fax: 734.206.1433, HR Email: HR@1-pas.com)

*Please note: Employees/Employers are responsible for informing Personal Accounting Services, Inc. of any changes in personal information including address, phone number, and email address, etc.

**Direct Care
Professionals
In need**



On behalf of Individual and families we support we are seeking to establishing a database for Caregivers who would like to obtain additional hours. This listing will be made available to Individuals and families.

If you would like to participate please provide the following:

Name:	
Phone Number:	
Email Address:	

By signing this form, your authorization allows use to share your basic information to individuals and families looking for Caregivers.

Signature: _____ Date: _____



Personal Accounting Services, Inc.

An AssuranceSD family company



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An AssuranceSD family company

**Pay Schedule
Fiscal Year 2024-2025**

**Direct Hire Support Staff
Semi Monthly Pay Schedule**

Pay Date

Pay Period

11/01/2024

10/01/2024-10/15/2024

11/15/2024

10/16/2024-10/31/2024

11/29/2024*

11/01/2024-11/15/2024

12/13/2024*

11/16/2024-11/30/2024

12/31/2024*

12/01/2024-12/15/2024

01/15/2025

12/16/2024-12/31/2024

01/31/2025*

01/01/2025-01/15/2025

02/14/2025*

01/16/2025-01/31/2025

02/28/2025*

02/01/2025-02/15/2025

03/14/2025*

02/16/2025-02/28/2025

04/01/2025

03/01/2025-03/15/2025

04/15/2025

03/16/2025-03/31/2025

05/01/2025

04/01/2025-04/15/2025

05/15/2025

04/16/2025-04/30/2025

05/30/2025*

05/01/2025-05/15/2025

06/13/2025*

05/16/2025-05/31/2025

07/01/2025

06/01/2025-06/15/2025

07/15/2025

06/16/2025-06/30/2025

08/01/2025

07/01/2025-07/15/2025

08/15/2025

07/16/2025-07/31/2025

09/01/2025

08/01/2025-08/15/2025

09/15/2025

08/16/2025-08/31/2025

10/01/2025

09/01/2025-09/15/2025

10/15/2025

09/16/2025-09/30/2025

***If the pay date falls on a Saturday or Sunday, payroll will be processed on Friday.**

***If the pay date falls on a Holiday, Payroll will be processed on the prior business day.**