

DSPD Self-Administered Services Overtime Increase Request Form

I attest:

- ✓ I have responsibly scheduled my employees,
- ✓ I have attempted to recruit qualified staff from multiple resources,
- ✓ I have tracked plan expenditures and planned accordingly through the Person Centered Support Plan, and
- ✓ I have offered a reasonable wage to qualified employees.

Name of person or person's representative

Signature

Date

Support Coordinators please submit request for additional funding to ras-esmc@utah.gov subject line:
Overtime increase request