Utah Department of
Health & Human Services
Services for People with Disabilities

Overtime increase request

Self-administered services

Form number 2.9-OT
Version Date: 5/2024

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