

**SB 3 MINIMUM WAGE 2017 RATE ADJUSTMENT - COMMUNITY-BASED DAY and WORK ACTIVITY PROGRAMS  
WORKSHEET INSTRUCTIONS**

These instructions are for the Vendor Worksheet. After you read these instructions, please go to the "Vendor Worksheet" tab to begin. You will **ONLY** be able to fill-in and select from the shaded fields on this worksheet. The information you submit on this worksheet will be reviewed by the Department of Developmental Services (Department). If additional information is needed the Department will contact you. After the review, the Department will respond to your request accordingly.

**SECTION A: PROGRAM INFORMATION**

- Row 1 Please enter the Service Provider Name.
- Row 2 Please enter the Vendor Number.
- Row 3 Please enter the three-digit Service Code.
- Row 4 Only employers with 26 or more employees are required to pay the increased minimum wage effective January 1, 2017. Make selection to indicate that you employ 26 or more employees in total, factoring in all locations and services. However, only employees/hours worked delivering services under the vendor number/service code above can be included in this rate adjustment request. Vendors that operate multiple services must submit separate rate adjustment requests for each service and must ensure there is no duplication of reported employment hours across different services.
- Row 5 Please enter the Staffing Ratio.
- Row 6 Please enter the number of Enrolled Consumers for the vendor number entered in Row 2 only.
- Row 7 Please list all other vendor numbers and service codes for the service provider entered in Row 1.
- Row 8 Please enter the dates for the beginning and end of a review period of 3 consecutive months. If you have been recently vendored and have less than 3 months of payroll and billing data, please enter the dates for an applicable review period of up to 3 months.
- Row 9 Please enter the current rate as established by the Department and select the Unit Type, either Daily or Hourly, from the drop-down list.
- Rows 10 & 11 Rate information will populate automatically here.
- Row 12 Select the Vendoring Regional Center from the drop-down list.
- Row 13-16 Select the User Regional Center(s), if applicable, from the drop-down list. If you need to list additional user regional centers, please add rows by clicking as instructed on the designated button.

**SECTION B: EMPLOYEE WAGE INFORMATION**

- Column A Please enter the name or initials of the employed staff who were paid during the review period, followed by their position title. For any employee/position who received two or more different hourly wages during the review period being reported, please list only the most current wage paid with the requested information in columns B through I. If additional rows are needed, please click on the designated button. PLEASE NOTE: Only employees of the vendor number and service code listed above in Rows 2 and 3 above are to be listed in Section B: Employee Wage Information.
- DO NOT** include staff who are providing these services that are funded by another source, such as through a contract with a school district. Also, **DO NOT** include wages paid to consumers while receiving these services or any worker who is paid through other sources such as contract funding.
- Column B Please enter the Position Title of the Employee.
- Column C Please enter the current Hourly Wage paid to the employee(s) reported during the Review Period.
- Columns D - G Wage information will calculate automatically here.
- Column H Please enter the Workers' Compensation Insurance Employer Rate as a percentage.
- Column I Please enter your Total Unemployment Insurance contribution rate as a percentage, including the net Federal and State rates, and the Employment Training Tax. (Refer to your Form DE-2088 that you receive from the State of California Employment Development Department (EDD) for your contribution rates for Unemployment Insurance and Employment Training Tax.)
- Column J Wage information will calculate automatically here.

Column K Please enter the actual Total Hours Worked During the Review Period by each of the reported employee(s).

Column L The cost of the rate adjustment will calculate automatically here.  
If less than a 3 month period, Section A Row 8, Department Staff will adjust the calculation as needed.

**SECTION C: RATE ADJUSTMENT CALCULATION**

Row 1 Total wages, payroll taxes, workers' compensation, and other mandated employer costs will calculate automatically here.

Row 2 Total Number of Units of Services Billed to all Regional Centers during the 3 month period will calculate automatically here.

Rows 3 - 9 Please select the individual regional center(s) billed in the Review Period and enter the total units billed in the Review Period for the selected regional center(s). If you need to list additional regional centers, please click the designated button.

Row 10 The rate change will calculate automatically here and populate Row 10 in Section A, Program Information.

Please review **ALL** the information you have entered on the worksheet, and specifically rows 9 - 11 in Section A, and row 10 in Section C. These rows should have calculated rate information based on the data you have entered. If there is an error message in these rows, you may need to re-enter the information in Sections B, and/or C.

**Before submitting, please save your workbook using the vendor number in the title of the file. Failure to do so results in the submission of an empty workbook.**