

Labor Rate Agreement - Initial and Increase Request

Date: _____

Authorized Service Center: _____

Initial Labor Rate: \$ _____ Proposed Labor Rate: \$ _____

Justification: _____

Note: the current labor rate must have been in effect for 12-months before an increase will be reviewed and possibly approved.

By: _____
HME Representative Print Name/Signature

By: _____
Service Center Representative Printed Name/Signature

Date: _____

Date: _____