

Employee Name: Company Name:

Effective Date: Please indicate: Start of pay period Middle of pay period

Only fill out the following fields if they are changing:

Reason for Change: Annual Review Dept. Change Promotion Other

CURRENT

CHANGES

Job Title:

Compensation: Hourly Salary \$

Status: Full-Time Part-Time

Standard Hours

Exempt/Non-Exempt: Exempt Non-Exempt

Pay Group:

Benefit Group:

Allowances Taken: None Tips per hour

Meals per meal

Lodging

Other

Other:

Hourly Salary \$

Full-Time Part-Time

Standard Hours

Exempt Non-Exempt

None Tips per hour

Meals per meal

Lodging

Other

General Information - Only fill out the following fields if they are changing

Name: Address:

Phone Number(s): Email Address:

Emergency Contact Information - Only fill out the following fields if they are changing

Name: Relationship:

Phone Number(s):

Employee Signature

Date

Approvers Signature

Date