

AIRMAN SERVICES, INC.
CHANGE IN SALARY / RATE / ADD EMPLOYEE FORM

Today's Date: _____

Date of Hire: _____

Name of Employee: _____

Current Title: _____

Last Change in Salary / Rate Date: _____

Current Annual Salary / Rate: \$ _____

New Position, If Any: _____

New Annual Salary / Rate: \$ _____ Salary

Percentage of increase _____

Bonus Eligible _____ Yes _____ No

Date of Eligibility: _____

INCREASE EFFECTIVE DATE: _____

Next Salary / Rate Review Date (should be not less than 1 year from Effective Date): _____

Justification for change in Salary/Rate: _____

Direct Supervisor:

Signature

Print Name – please print clearly

Approvals:

Director of Operations:

President:

Remember that no raise will be communicated to the employee until all approvals have been received.

Nothing in this document, including any recitation of a pay rate over a certain time period or designation of an annual review date, is intended to create a contract of employment for a specific term.

All employment is at will.

Send copies to: Mollie Standridge and Affected Employee