

Position/Rate Change Form

Please make and retain a copy of this document for your records.

NAME (LAST, FIRST, MI)	EFFECTIVE DATE
COMPANY NAME	

REASON FOR CHANGE: ANNUAL REVIEW DEPT. CHANGE PROMOTION OTHER

EMPLOYEE INFO.	CURRENT	CHANGES
POSITION TITLE		
FULL-TIME		
PART-TIME (Approx. Hours per week)		
SALARY RATE		
HOURLY RATE		
EXEMPT/NON-EXEMPT		
LOCATION		
OTHER		

COMMENTS:

APPROVALS	NAME (print name)	SIGNATURE
SUPERVISOR		
EMPLOYEE		

It is mutually understood and agreed that your agreement with the company may be terminated by you or the company at will, without notice, and without cause, at any time. The sole purpose of this agreement is to make clear the basis upon which your compensation will be computed and paid, together with certain other matters, and nothing herein contained shall be deemed to create a contract between you and the company for any term or in any capacity.