

**MILITARY RESTAURANT HOLDINGS, LLC
HOURLY EMPLOYEE
CHANGE IN PAY RATE FORM**

Date: _____ Location: _____

Name of Employee: _____

Date of Hire: _____

Last Change in Hourly Pay Rate Date: _____

Current Pay Rate: \$ _____ Hourly Rate

New Position, If Any: _____

New Pay Rate: \$ _____ **Hourly Rate** Percentage of Increase _____

Maximum Rate for This Position According to Grid: _____

EFFECTIVE DATE: _____

Next Pay Rate Review Date : _____

Justification for change in Pay Rate: _____

Approvals:

Director of Operations:

V.P. of Human Resources

Direct Supervisor:

[Print Name]

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.