

TEAMWORKS

a Professional Employer Organization

4692 North 300 West Ste 150, Provo, Utah 84604

tel: 801-434-8900

fax: 801-434-9300

RATE OF PAY CHANGE FORM

This form is to be used whenever an employee's wages are changed.
Please submit this to Teamworks as soon as possible so change will be effective on request date.

Employee Name:
Social Security:
Company Name:

Back pay

Old Rate: \$ _____ Hourly Salary

Annual: \$ _____

Other (specify) _____

1. Adjustment \$ _____

2. Adjustment \$ _____

3. Adjustment \$ _____

New Rate: \$ _____ Hourly Salary

Annual: \$ _____

Other (specify) _____

Effective date: _____

of pay increase: _____

Signature of Employee

Date

Signature of Supervisor

Date

TEAMWORKS USE ONLY
Date entered: _____
Entered by: _____