



## Change in Pay Rate Form

Employee Legal Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Most Recent Hire Date: \_\_\_\_\_

Current Pay Rate (Choose one):

☐ Hourly: \$\_\_\_\_\_ per hour

☐ Salary: \$\_\_\_\_\_ per year

Current Pay Grade and Step:

\_\_\_\_\_

New Pay Rate (Choose one):

☐ Hourly: \$\_\_\_\_\_ per hour

☐ Salary: \$\_\_\_\_\_ per year

New Pay Grade and Step:

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Reason for Pay Rate change:

☐ Review (Attach)

☐ New Responsibilities

☐ Other (Specify): \_\_\_\_\_

Is the Pay Rate change budgeted?

☐ Yes

☐ No, Explain: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Administrative office use only*

Date paperwork is received by Administrative Office for processing: \_\_\_\_\_

Date of last pay rate change: \_\_\_\_\_ Hours of service in the past 12 months: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_