



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): _____

Supervisor Signature: _____ Date: _____

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: _____