



# RATE CHANGE FORM

Employee Name:		Today's Date:	
Employee's Social Security #:		Effective Date:	
Client Company:			

*Instructions: Use this form when changing an employee's compensation. Return to The Employer Group properly signed by the Supervisor(s). Compensation changes are subject to final approval by The Employer Group.*

	CURRENT:		NEW:	
	Hourly	Salary	Hourly	Salary
Pay Rate:				

REASON FOR CHANGE (check all that apply):	
<input type="checkbox"/>	Merit Increase / Annual Raise
<input type="checkbox"/>	Other: _____

COMMENTS:

**APPROVALS (Fax completed form to The Employer Group @ 800-319-0516)**

\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date

For The Employer Group's Use Only			
Date Received:		Date Approved and Processed:	
Received By:		Approved and Processed By:	
If Denied, Reason:			
Date Denied:		Denied By:	