



Pay Rate Change Form

EMPLOYEE NAME: _____
Last First MI

EFFECTIVE DATE: _____

NEW HOURLY RATE: _____

REASON FOR RATE CHANGE:

Approvals: *(must be signed by all)*

Department Head: _____ Date _____

City Administrator: _____ Date _____

Finance Director: _____ Date _____

Human Resource Manager: _____ Date _____

(When completed and entered into system)

Payroll: _____ Date _____

(After the payroll administrator enters this rate change into the computer system, he/she will send the original of this form to Human Resources with a copy to the Department Head.)