



## Employee Pay Rate Change Form

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

Last four digits of SSN: \_\_\_\_\_

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

Effective Date of Change: \_\_\_\_\_

### **Base Pay Rate Adjustment**

From: \$ \_\_\_\_\_

To: \$ \_\_\_\_\_

GL Number: \_\_\_\_\_

Max Budget: \_\_\_\_\_

### **Supplemental Pay/Other**

From: \$ \_\_\_\_\_

To: \$ \_\_\_\_\_

GL Number: \_\_\_\_\_

Max Budget: \_\_\_\_\_

Reason for Change:

By signing below, I acknowledge that this is not a deferral of wages, and I have not been promised that any reduction in wages will be made up or paid later. I also understand that a reduction in my wages may result in a reduction in benefit for any applicable workers' compensation or other benefit based on my wages/salary.

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For a reduction or increase in pay, this form must be signed and dated by the employee on or before the effective date of change. No changes will be made to payroll if received after the 20<sup>th</sup> of the month, if so the changes will be effective in next month's payroll. No changes will be made unless form is filled out completely with Signatures. No other form will be accepted unless we receive orders from the District Courts. Please submit this form to the Treasurer's Office.

\_\_\_\_\_  
Payroll Clerk

\_\_\_\_\_  
Payroll Clerk Signature