

CHANGE IN WAGE FORM

Employee Name _____

Supervisor Name _____

Old Wage _____

New Wage _____

Reason for Change:

90-Day Probation Period over

Yearly Review Raise

Other _____

SIGNATURE OF GENERAL MANAGER OR DEPARTMENT MANAGER

Signature

Date

SIGNATURE OF LOCATION MANAGER OR PERSON GIVING WAGE

Signature

Date

SIGNATURE OF EMPLOYEE

Signature

Date