

## COMPENSATION AND/OR CLASSIFICATION CHANGE

Employee's Employment Location \_\_\_\_\_

Name of Employee \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Last Change in Compensation \_\_\_\_\_

Change in Present Compensation:

From

To

Cash Wages/Salary: \_\_\_\_\_

Apartment Value: \_\_\_\_\_

Combined Compensation: \_\_\_\_\_

If any apartment rental value is being included as compensation provide the following:

Unit # \_\_\_\_\_ Unit Type \_\_\_\_\_ Current Market Rent \_\_\_\_\_

Effective Date \_\_\_\_\_

Apartment Included? [ ] Yes [ ] No

Employee's current employment status:

Regular [ ] Temporary [ ]

If temporary full time, indicate the number of months or weeks expected to work: \_\_\_\_\_

Full-time [ ] Part-time [ ]

If part-time, indicate maximum hours to be worked each week: \_\_\_\_\_

Remarks \_\_\_\_\_

**NOTE: Any change in the compensation or classification of any regular employee, temporary employee, whether full-time or part-time must be approved by the appropriate Supervisor and is subject to a review by a Corporate Officer.**

Authorized By/Date \_\_\_\_\_

Approved By/Date \_\_\_\_\_

Reviewed by (if applicable) \_\_\_\_\_

