



**PAY RATE/POSITION CHANGE REQUEST FORM**

Remember that no raise will be communicated to the employee until all necessary approvals have been received. Even upon approval, nothing in this document is intended to create a contract of employment for a specific term and all employment is at will.

**SECTION 1: TEAM MEMBER INFORMATION**

Employee Name \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Store \_\_\_\_\_ Job Title \_\_\_\_\_  
 Manager Submitting Request \_\_\_\_\_ Today's Date \_\_\_\_\_

**SECTION 2: ADJUSTMENT INFORMATION**

*PLEASE SELECT THE TYPE OF CHANGE:*

- \_\_\_\_ Pay Rate Change No Position Change (hourly increase, salary increase)
- \_\_\_\_ Pay Rate Change with a Position Change (promotion to new position)
- \_\_\_\_ 2nd Rate (add 2nd job for Team Member within same store - *NOT to be used for a job change, transfer, or promotion*)
- \_\_\_\_ Other: *please specify* \_\_\_\_\_

Current Position (Required): \_\_\_\_\_ New Position (if applicable): \_\_\_\_\_  
 Current Pay Rate (Required): \_\_\_\_\_ New Rate(Required): \_\_\_\_\_

Reasons/Justification for Change:

**\*\*\*PLEASE ATTACH ALL SUPPORTING DOCUMENTS including Team Member Coaching Log, Observation Form, or Performance Review\*\*\* Failure to do so may delay processing and/or approval. Upon completion, please turn in this request to the HR FOLDER for pickup OR email with all supporting documents to: [HR@MISSIONYOGURT.COM](mailto:HR@MISSIONYOGURT.COM)**

**SECTION 3: APPROVAL/HR USE ONLY**

Review History	POSITION/PAY INFORMATION	Position History
90 day Date _____ Increase _____	Date HR Received _____	Other Position YES NO
Last Annual Date _____ Increase _____	Hold _____ Hold _____	Title _____
(Other) Date _____ Increase _____	90 day Annual	Current Rate _____ Rate Increase _____
Reason for Other _____	Special 2nd Rate	Store _____
	<b><u>PROCESSING INFORMATION</u></b>	Primary YES NO
Raise Review Entered (Submitted) _____	Approved Date _____	ADP Code _____
Effective Date _____ Check Date _____	Raise Review Updated _____	ADP Updated _____ Date _____
Check Date _____ Manager Notified _____		
Executive Management Signature _____	Approved: YES NO*	
*reason for denial of request: _____		