

WAGE CHANGE FORM

ALL CHANGES IN WAGES MUST BE SENT TO THE MAIN OFFICE, VIA THIS FORM, AS SOON AS CHANGE IS MADE. NO CHANGES WILL BE MADE FOR ANY EMPLOYEE WAGES WITHOUT COMPLETION OF THIS FORM AND APPROVAL BY BILL BORDERS

STORE _____

EMPLOYEE NAME _____

DATE CHANGE EFFECTIVE _____

CHANGE FROM _____ TO _____

REASON FOR CHANGE _____

MANAGERS SIGNATURE _____

DATE SUBMITTED _____

DATE APPROVED _____