

- | | |
|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

Division must be indicated above or form will be returned to individual completing it.

Employee Change in Pay Request

Note: Supervisors may complete this form at any time and return it to Human Resources. Please ask receptionist for an inter-office envelope to place request in, to insure confidentiality. Requests will be reviewed, and supervisors will be notified as to whether the request was confirmed or denied. Please do not discuss this request with the employee until you receive a response indicating that your request has been approved. Employee to initial and sign only after approvals secured.

Employee Name:	
Supervisor Name:	
Current Wage/Salary:	
<input type="checkbox"/> Raise <input type="checkbox"/> Bonus <input type="checkbox"/> Decrease	Suggested Amount: \$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per year <input type="checkbox"/> 1 time
If confirmed, new wage/salary would be: _____ * employee's initials _____	
Date Increase effective (must be first day of new pay period): _____ * employee's initials _____	
Will this position oversee other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, must complete supervisor training)	
Reason for suggested increase: (If the reason includes completion of further training or endorsements, please attach a copy of the document(s) which will be placed in the employee's personnel file.)	

Supervisor Signature

Date

FOR ADMINISTRATION USE ONLY:

This request is: **denied** for reasons stated below:

1. _____ 2. _____

Division/ General Manager

Jon McCreary, CEO

This request is: **approved** by all (1, 2,above)and should go into effect within the next two pay periods.

Approval Date: _____ Sent to Payroll on (date): _____

Sent to Supervisor on (date): _____ in employee file (date): _____

* Once approved, have employee initial by new rate and effective date and sign HERE: _____