

TEAM MEMBER CHANGE FORM

NAME:

DATE:

POSITION CHANGE

CURRENT POSITION:

NEW POSITION:

NEW POSITION START DATE:

If this position transfer includes a change in pay rate, the Rate Change section must be completed.

RATE CHANGE

CURRENT RATE:

NEW RATE:

NEW RATE START DATE:

I acknowledge that all rate changes take effect on the Monday of a new pay period and cannot be implemented mid-pay cycle.

Team Member Initials: _____

NOTES

SIGNATURES

TEAM MEMBER SIGNATURE:

DATE:

DEPARTMENT MANAGER SIGNATURE:

DATE:

THE GENERAL MANAGER'S SIGNATURE IS REQUIRED FOR APPROVAL. REQUESTS SUBMITTED WITHOUT THIS SIGNATURE WILL BE DENIED.

GENERAL MANAGER SIGNATURE:

DATE:

ALL CHANGE FORMS MUST BE SUBMITTED THROUGH THE DESIGNATED PORTAL
(Retain the physical copy for your department's records)
<https://airtable.com/app7YqnEFg3R5n7FT/shrJButN08DbE41I3>

