

## TEAM MEMBER CHANGE FORM

NAME:

DATE:

### POSITION CHANGE

CURRENT POSITION:

NEW POSITION:

NEW POSITION START DATE:

*IF THIS POSITION TRANSFER REQUIRES A RATE CHANGE, PLEASE COMPLETE RATE CHANGE INFORMATION AS WELL.*

### RATE CHANGE

CURRENT RATE:

NEW RATE:

NEW RATE START DATE:

*RATE CHANGES ALWAYS BEGIN ON THE MONDAY OF A NEW PAY PERIOD. RATE CHANGES CANNOT HAPPEN MID PAY CYCLE.*

### NOTES

### SIGNATURES

TEAM MEMBER SIGNATURE:

DATE:

DEPARTMENT MANAGER SIGNATURE:

DATE: