

Unified Services I, Inc.

Your Payroll Specialist

Phone: 623-583-0113

Fax: 623-583 -4451

Email: unifiedservices@azatwork.com

Notice of Change of Employee Pay

Employee: _____

PLEASE PRINT CLEARLY

Effective date of this pay change shall be the beginning of the next pay-period.

*Which is: _____

New Salary Amount: \$ _____

New Hourly Rate: \$ _____

NOTE: SICK, HOLIDAY AND VACATION PAY, THE RATE WILL BE ADJUSTED ACCORDINGLY UNLESS YOU DESIRE TO HAVE A DIFFERENT PAYRATE FOR THE FOLLOWING:

New Sick Pay Rate: \$ _____

New Holiday Rate: \$ _____

New Vacation Rate: \$ _____

Other changes you may want to make:

Date faxed or scanned (via email) to us is: _____

Company Name: _____

PLEASE PRINT CLEARLY

Authorized Signature

Date

Please fax or scan this request prior to the effective pay increase

*A special handling fee of \$35.00 will be added to any pay period where the employee receives two (2) different payrates within the same pay period.

*A separate special handling fee of \$35.00 will be added to any pay period where the employee's completed employment application is not received prior to the end of the pay period (EX: Pay period ends Sunday May 3rd, on Monday May 4th you provide over your new employee application and want a paycheck issued for that same pay period).