THE ALASKA CLUB

Payroll Rate/Status Change

Employee Name: _____ Effective Date: _____

☐ **Adding an additional position/department:**

Position: _____ Labor Code: _____

Rate of Pay for New Position: _____

Pay Type (circle one): Hourly Salary Commission/Bonus

☐ **Changing to a new position/department:**

Old Position: _____ Old Labor Code: _____

New Position: _____ New Labor Code: _____

New Rate of Pay: _____

Pay Type: Hourly Salary Commission/Bonus Status: Full Time Part Time

☐ **Changing Benefit Status Only:**

Old Status (circle one): Full Time Part Time

New Status (circle one): Full Time Part Time

☐ **Updating the Home Code Only:**

Old Home Labor Code: _____ New Home Labor Code: _____

☐ **Rate Change Only:**

From: _____ To: _____

Reason (circle one): Correction Merit Other: _____

Details: _____

Employee Signature: _____

Supervisor Signature: _____

Management Signature: _____

If this is a change to any of the below positions, Hep B must be offered before and submitted with this form

***** Any positions marked with an * must also include the signed Interview Notes Form and Telephone Reference Check Form**

- Clean Team – Massage * - Camp * - Aquatics* - Esthetician – Operations Manager * - MOD * - Playcenter * - General Manager * - Member Support – Fitness Department – Engineer -