# Introduction

**Disclaimer**

*The template is not a legal document and is provided for educational purposes only. Farms are individually responsible for determining whether the template meets compliance requirements of their applicable local, state, or federal laws and regulations. National Milk Producers Federation and the National Dairy FARM Program are not responsible for the content of this template, and under no circumstances shall we have any liability to you for any loss or damage of any kind as a result of the use of the template or reliance on any information provided in the template. Once downloaded by an organization or an individual, this template and their content become the sole property and responsibility of the organization or individual.*

**INSTRUCTIONS**

State law may have specific requirements on what information must be given to an employee when there is a change in pay and when they must be informed of the change. Check state law before using the form as a notice to an employee.

The following template should be tailored by the individual farm to best suit the operation’s needs.

# compensation change form

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Salary Change

**Effective Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Change:**

* Cost of Living / Annual Adjustment
* Merit Increase
* Promotion Increase
* Salary Decrease
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Current Salary:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour *OR* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year |
| **Proposed Salary Change:** | \_\_\_\_\_\_\_\_ % *OR* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per hour / per year |
| **New Proposed Salary:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour *OR* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year |

## Explanation for Change

Use the space below to provide a rationale for the above change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature Approvals

**Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Representative Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employee Acknowledgment

By signing this form, you acknowledge that you received the above salary change information.

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_