

Employee Full Name	ANDREW GLASS HASTINGS(3970142)	Effective Date	01/01/2023
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Pay Rate Change/Classification (Enter changes only) Employee signature required for pay reduction and/or changes from nonexempt to exempt.

<input checked="" type="checkbox"/> Pay Rate Increase*	From: 180,000.00	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	To: 198,000.00	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	<input type="checkbox"/> This Employee supervises others.
<input type="checkbox"/> Pay Reduction**	From:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	<input type="checkbox"/> This Employee no longer supervises others.

*Only specific job functions can be paid by this earnings code. Contact your payroll specialist for further details.

Other:

<input type="checkbox"/> Car Allowance \$ _____	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<input checked="" type="checkbox"/> Fringe \$ <u>\$50.00</u> Type <u>pager</u>	<input checked="" type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
(Example: GTL, personal use of company car, etc.)				
<input type="checkbox"/> Minister Housing \$ _____	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

Classification Change TO

Full-Time
 Part-Time
 Seasonal
 Default Hours Per Week _____

Is this Employee Commission? Yes No
 Is this Employee Temporary? Yes No
 If **Yes**, Enter Temp End Date (mm/dd/yyyy) _____

Exemption Change
 Is this employee exempt from overtime payment? Yes No
If "Yes," the FLSA Test for Exemption for this position should be completed, signed by the employee and onsite supervisor, and submitted to your Insperity payroll specialist.

Paid Time Off (PTO) (PTO, Sick, Vacation)

Does Insperity track your PTO? Yes No
 If **Yes**, what is the Employee's PTO Effective Date? (mm/dd/yyyy) _____
Note: Effective date does not have to match date of hire.

Are you a TimeStar Client? Yes No

By signing below, I acknowledge that this is not a deferral of wages and I have not been promised that any reduction in wages reflected herein will be made up or paid at a later date. I also understand that a reduction in my wages will result in a reduction in benefits for any applicable life insurance, short-term/long-term disability, workers' compensation and other benefit which is based on my wages/salary.

****For a reduction in pay, this form must be signed and dated by the employee on or before the effective date of change.**

Sign And Date Form

Employee First Name	MI	Last Name	Insperity Employee ID No.	Last 4 Digits of Social Security No.
ANDREW		GLASS HASTINGS	3970142	OR
Employee Signature		Date Employee Signed (mm/dd/yyyy)		
Payroll Contact/Onsite Supervisor Signature		Payroll Contact Printed Name	Date Signed (mm/dd/yyyy)	
		Catherine Mayo	01/04/2023	
Client Owner Signature		Client Owner Printed Name	Date Signed (mm/dd/yyyy)	
		Scott McGrath	01/04/2023	

***For a payroll contact and/or onsite supervisor pay increase or reduction, the client owner signature is required.**

***** **COMPLETED BY PAYROLL SERVICES** *****

Entered By	Date Entered (mm/dd/yyyy)
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