

PAY CHANGE REQUEST
Ennis, Inc & Affiliated Entities

Form - PCR

Please type form before faxing

Control Number: _____

_____ Date Received

Section I

Facility Name Name: Last	Facility Number First	Cost Center MI	Employee Number Date of Hire
Job Title	Job Code	EEO Classification	Work Comp Class

(Circle any change in this section for job title, location/cc etc.)

Section II

Pay History (Last Change)

Effective Date	Previous ***	After Change***	Percent
Reason For Change Code	Explanation (Include changes such as lead person, reductions, etc.)		
Explanation Continued:			

*** Show exempt/salaried as an annual amount

Refer to Section III in Corporate Policy CP_99_1 on the Ennis Intranet for pay change procedures.

Section III

Pay Change (New)

Effective Date (Start of Pay Period)	Previous ***	After Change***	Percent
Reason For Change Code	Explanation (Include changes such as lead person, reductions, etc.)		
Explanation Continued:			

*** Show exempt/salaried as an annual amount

Approvals

Immediate Supervisor	Date	Corporate Officer	Date
Facility Manager	Date	Corporate Officer	Date
Business Unit Director	Date	Corporate Personnel	Date

Notice: The rate amount must include premium pay such as lead person and shift differential unless shift codes are used when submitting payroll.

Pay changes more than 2.00% annually or an increase in less than 6 months since the previous increase must have an explanation in the comments section and requires approval from the VP Administration.

Fax pay change request to corporate payroll at: 972-775-9179

Revised: June 01, 2013
Supersedes all prior versions.