

# Company Name/Logo Here

## SAMPLE FORM

New Hire Rate of Pay  
RSA 275:49 Lab 803.03

Employee name: \_\_\_\_\_

Date: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

Pay period is: \_\_\_\_\_

Payday is: \_\_\_\_\_

Benefits offered: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee

### Changes in Rate of Pay

Date: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee

### Changes in Rate of Pay

Date: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee