

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: _____

Employee Signature/Date Signed

Changes in Rate of Pay

Date: _____

Rate of pay: _____

Employee Signature/Date Signed

Changes in Rate of Pay

Date: _____

Rate of pay: _____

Employee Signature/Date Signed