

WAGE INCREMENT FORM – LABORER

This form is to be completed by the Department Head and the White copy sent to Personnel & Civil Service, the yellow copy maintained by the department.

EMPLOYEE: _____ CLOCK NO: _____
JOB TITLE: _____ DEPARTMENT: _____
SOC SECURITY NO. _____ START DATE IN JOB: _____
CURRENT WAGE: _____/hr. NEW WAGE: _____/hr.
DATE WAGE INCREMENT EFFECTIVE _____

The above name Laborer has maintained satisfactory progress for ninety days after his/her hire date and is to receive an increase from 75% of the Laborer’s wage to 100% of the wage for that position in accordance with the collective bargaining agreement.

SIGNATURE _____ DATE _____

Rev. 08/09
PCSC

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