

# Individual Employee Pay Plan

Employee: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_

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Flat Rate / Techs

PTO Rate \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
Training/Shop Rate \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
Mid-month Draw \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

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Hourly

Hourly Rate \$ \_\_\_\_\_

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Salaried

Salaried \$ \_\_\_\_\_

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Commission

See Attachment

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Exempt Non Exempt

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PTO Payout Eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager / HR Signature \_\_\_\_\_ Date \_\_\_\_\_