**Company Logo**

**TO:   
  
FROM:   
  
DATE:   
  
SUBJECT: Pay Plan**

**Effective Date:**

Job Title:

Status: [Exempt or Non-Exempt. *Review FLSA Classifications with Office Manager*]

Wage Rate: [such as hourly rate for hourly employees, monthly rate for salaried employees, list the greater of commission or minimum wage, and/or show how pay is calculated]

There are 24 pay periods in the year occurring the 1st-15th and 16th – end of month and pay dates on the 7th and the 22nd of each month.

The Company reserves the right to correct payment errors, if any.

This pay plan does not constitute a contract or guaranteed term for employment. It may be modified at any time with advance notice. Your pay plan is based upon your meeting specific performance standards and criteria as outlined by management expectations and based upon your job description. Therefore, your compensation may be subject to adjustment anytime, upon written notice. Also, as an employee you are expected to comply with all Company policies.

As a reminder, the Company is an “at will” employer. Written pay plans do not change the “at will” nature of your employment with the Company. Employees may quit for any reason or no reason at all, or they may be terminated by the Company at any time with or without cause or notice.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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