



TYLER COUNTY

JOB TITLE/PAYRATE CHANGE FORM

EMPLOYEE INFORMATION:

Today's Date: _____ Effective Date: _____

Last Name: _____ First Name: _____

PAY RATE INFORMATION (Supervisor Use Only)

Employee Type: _____

*Changing Employee Types: _____ to _____

Please indicate current and new position and pay rate

Current Position Title: _____ Current Rate: _____

New Position Title: _____ New Rate: _____

Current Position Title: _____ Current Rate: _____

New Position Title: _____ New Rate: _____

EMPLOYEE AGREEMENT:

By signing this form, I understand and agree that the above information is correct.

Employee's Signature/Date

Supervisor's Signature/Date