

EMPLOYEE EARNINGS CHANGE

Employee Name: _____
(Last) (First) (Initial)

Social Insurance Number: _____ Occupation: _____

Effective Date: _____

New Earnings Rate: \$ _____ Per: _____ Hours
Per week: _____
(Year, Monthly, Bi-Weekly, Weekly, Hourly)

Account #: _____ Company Name: _____

Date: _____ **Employer Authorization:** _____



Please return earnings change form to:

Automotive Retailers Association
#1 – 8980 Fraserwood Court
Burnaby, B.C. V5J 5H7

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