



TM Training Pay Change Form

TM Trainer Name: _____

TM Manager/Supervisor: _____

Trainee: _____

Effective Dates of Training Pay Increase:

➤ Beginning Date: _____

➤ Ending Date: _____

Hourly Rate: _____ to _____
(current rate) (training rate)

Manager Approval:

Driver Manager: _____
(name) (signature) (date)

Operations Manager: _____
(name) (signature) (date)

Please submit this form directly to **Payroll for Training pay rate changes only**. All changes will be processed prior to the payroll check date of the affected payroll period.

Other Reporting, Rate/Salary, Employment Status, and Employment Classification, Work Location or Position Title changes must be submitted directly to HR on a TM Status Change form.