



EMPLOYEE RAISE FORM

Please complete form and fax back to 409-835-5554  
Or email to [ASITimecards@AdvancedStaffingInc.com](mailto:ASITimecards@AdvancedStaffingInc.com)

Employee name \_\_\_\_\_

Employee current pay \_\_\_\_\_

Employee raise to \_\_\_\_\_

Effective date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

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