



EMPLOYEE EARNINGS CHANGE

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

Member ID Number: _____ Occupation: _____

Effective Date: _____
New Earnings Rate: \$ _____ Per: _____ Hours Per week: _____ (Year, Monthly, Bi-Weekly, Weekly, Hourly)
Account #: _____ Company Name: _____
Date: _____ Employer Authorization: _____



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Please return completed form to:

Automotive Retailers Association
#1 – 8980 Fraserwood Court
Burnaby, B.C. V5J 5H7
Fax 604 419 0299