



American Dream Restaurants LLC

Bringing Families Together with Pizza

The below information is to be completed by the employee and their direct supervisor and returned to payroll@adphut.com. A copy of this form will be provided to the employee upon completion at request.

Personal Information

Name: _____

Date for Change (must be start of a pay period): _____

RATES OF PAY *only update if anything listed below is changed*

Primary Rate	Server Rate	Driver in House	Driver on Road	Production
Rate 1:	Rate 2:	Rate 3:	Rate 4:	Rate 5:
OT Rate:	OT Rate:	OT Rate:	OT Rate:	OT Rate:

Reason for change:

*Full-Time employees must work an average of 32-hours per week. OT, Overtime, is only paid out to employees who work over 40 hours per week and are in a non-exempt position. Direct Deposit is offered along with Pay Cards. Paper Checks can be provided to employees upon written request

EMPLOYEE ACKNOWLEDGEMENT

I, _____ (Print Employee Name) confirm that all information above is correct and my new rates of pay have been reviewed with me.

Employee Signature

Date

Manager Signature

Date

Please Upload to UltiPro Document storage or the Employee and forward this form to Payroll@ADPHut.com and the District Manager