



**STUART T. WILSON, CPA PC**

222 N. Saginaw Rd. Suite 3  
Midland, MI 48640  
Phone: (989) 832-5400  
Fax: (989) 832-5404

# Employment Agreement Amendment

Name of employee: \_\_\_\_\_

Name of employer they work for: \_\_\_\_\_

**Wage change:** (check one) Hourly Increase \_\_\_\_ or Stipend increase \_\_\_\_

New rate of pay: \$ \_\_\_\_\_

**Benefits change:** (check all that apply)

Holidays \_\_\_\_ Vacation \_\_\_\_ Paid Time Off (PTO) \_\_\_\_

What is the change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date changes are effective: \_\_\_\_\_

**X**

\_\_\_\_\_

**Signature of Consumer/Representative      Date**

***I have reviewed my budget with my Supports Coordinator and checked to see that my request for wage/benefit increase fits within my budget's limits***

***Internal Use Only***

*Has been processed and in system by* \_\_\_\_\_ *Date* \_\_\_\_\_