

Employee Consent for Wage Reduction

This form documents the consent of the employee to a reduction in wages as specified below.

Employee Name:

Employee ID:

Current Wage:

New Wage:

Effective Date of Change:

Reason for Wage Reduction:

Employee Consent

I, the undersigned, understand and agree to the wage reduction stated above. I confirm that I have been informed of my rights and have voluntarily provided my consent.

Employee Signature:

Date:

Submit