



JOHNSON MOTOR SALES

New Richmond ∞ Menomonie ∞ St. Croix Falls

Individual Employee Pay Plan

Employee: _____ Effective Date: _____

ID #: _____ A/R #: _____ Status: FT / PT

Location: _____ Position: _____

Hourly

Hourly Rate \$ _____

Salaried

Salaried \$ _____

Commission

See Attachment

Exempt Mid-Month Draw:\$ _____ Monthly Guarantee:\$ _____

Normal Schedule:

Mon ____ Tues ____ Wed ____ Thu ____ Fri ____ Sat ____

Notes:

Manager / HR Signature _____ Date _____

Employee Signature _____ Date _____

Office Use Only:

____ ADP / MU / DRAW / SALARY

____ Pay Plan Sheet

____ PR Input Sheet

____ Copy in PR Master

____ PTO Calendar

____ Original in Emp File

____ PTO Accrual

____ PTO Journal 81