



**PRIVATE
CLIENT
SERVICES™**

MEMBER FINRA, SIPC
A Registered Investment Advisor

PAYROLL CHANGE REQUEST

Recipient Information:

Name:	Position:
Location:	

Compensation Information: (Select all that apply)

Change in salary / hourly rate

Old rate:	New Rate:	Period: (Select One) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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One-time bonus payment

Quarterly / Annual Bonus

Project Bonus

Holiday Bonus

Other: (Please provide detail) _____

Bonus Amount: \$ _____

Effective Date: _____

Payee Information:

PCS (Employee compensation change)

Single Representative / Advisor (Complete section below)

Split Representatives / Advisors (Complete Section Below)

Advisor Name:	Approval Signature:	Date:
Advisor 2 Name:	Approval Signature:	Date:
Advisor 3 Name:	Approval Signature:	Date:
Advisor 4 Name:	Approval Signature:	Date:

PCS Employee Change Approval:

Ernest A. Sampson, CFP, CLU, ChFC, AEP.	CEO Signature:	Date:
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