

Wage review

Company _____ Contract no. _____

Wage review

Social insurance or AHV no.	Surname/First name	New level of employment	New AHV annual wage in CHF	Applicable from
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.
_____	_____	_____ %	_____	01.

Wage reviews always take effect from the beginning of a month.

Place, date

Stamp and signature of company

Swisscanto 1e Collective Foundation
P.O. Box
8021 Zurich