



Stephen J. Wampler Foundation
It's About What You CAN Do!

Employee Pay Rate Agreement

Employee Name: _____

Position: _____

Camp/Employer: Camp Wamp / Stephen J. Wampler Foundation Inc.

Employment Period: _____ to _____

Rates of Pay. My rate of pay is _____

By signing below, I agree that I have read and understood this notice.

Employee Signature: _____

Date: _____

Employer Representative Signature: _____ Date: _____

Employer Representative Name & Title: Stephen J. Wampler, CEO & Founder