

XXX Company

To: Human Resource Department

EMPLOYEE SALARY ADJUSTMENT REQUEST

Reference no.:

Employee Name:

Department:

Job Title:

Current Monthly Salary:

Department Budget:

Recommended Salary Adjustment: FTE monthly salary

\$ _____ annual

_____ % increase

Effective Date: _____

A salary increase has been awarded within the past 12 months?

Yes

No

A performance evaluation was conducted during the past year?

Yes

No

Reason (select only one):

Competitive offer

Preemptive offer

Change in responsibilities

Market / retention

Internal Equity

Merit / Increased Functioning

Promotion

Brief justification:

Submitted by:

Supervisor

Signature

Date

Approved by:

Department Head

Signature

Date

I approve

(I do not approve

VP / CEO

Signature

Date

(I approve

(I do not approve