# 

## Compensation Adjustment Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Information | | | | | | | | | | | | |
| Employee Name: | | |  | | | |  | | | | |  |
|  | | | Last | | | | First | | | | | M.I. |
|  | | | | | | | | | | | | |
| Department: | | |  | Date: | |  | | |  | |  | |
|  | | | | | | | | | | | | |
| Adjustment Information | | | | | | | | | | | | |
| Reason for Pay Adjustment: | | | | | | | | | | | | |
| Adjustment Details | | | | | | | | | | | | |
| Effective Date: |  | | | | Next Review Date: | | |  | | | | |
| Change Amount: |  | | | | New Salary Amount: | | |  | | | | |
|  | | | | | | | | | | | | |
| Signatures | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Manager Signature: | |  | | | | | | | Date: |  | | |
| Human Resources Signature: | |  | | | | | | | Date: |  | | |