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## Compensation Adjustment Form

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| --- |
| 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: |  |