|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name:** |  | | | |
| Form Type: | ☐ Salary Adjustment | ☐ Bonus Payment | ☐ Allowance Change | ☐ Other: |
| Effective Date: |  | | | |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | | |
| Employee ID: | [ID] | Department: | [Department] |
| Job Title: | [Title] | Manager/Supervisor: | [Name] |

**Current Compensation Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Salary/Wage: | $[amount] | Bonus (if applicable): | $[amount] |
| Allowance (e.g., housing, transportation) | | $[amount] | |
| Other (Specify): |  | | |

**Proposed Compensation Adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Salary/Wage: | $[amount] | Bonus (if applicable): | $[amount] |
| Allowance (e.g., housing, transportation) | | $[amount] | |
| Other (Specify): |  | | |

**Reason for Adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Annual Performance Review | ☐ Promotion | ☐ Market Adjustment | ☐ Role/Responsibility Change |
| ☐ Other: |  | | |

**Comments/Details**:

|  |
| --- |
|  |
|  |

**Approval Section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| Employee (if applicable) |  |  |  |
| Manager/Supervisor |  |  |  |
| HR Representative |  |  |  |
| Payroll Administrator |  |  |  |

**Submission Instructions**

* Submit this form to the HR or Payroll Department for processing.
* Attach supporting documents such as performance reviews, promotion letters, or market research data, if applicable.
* Ensure approval signatures are completed before submission.