

# COMPENSATION ADJUSTMENT FORM

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Employee ID Number: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

## ADJUSTMENT INFORMATION

Reason for Pay Adjustment:

**\*\*NOTE** – Attach all supporting documentation such as performance/probation reviews, etc.

## ADJUSTMENT DETAILS

Effective Date: \_\_\_\_\_ Next Review Date: \_\_\_\_\_

Change Amount: \_\_\_\_\_ New Salary Amount: \_\_\_\_\_

## SIGNATURES

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_