



Salary Adjustment Form

Employee/Contractor Name:

Employee/Contractor Location:

Employee/Contractor Title:

Initiator (Employee/Contractor Supervisor, date, name, signature):

Date of hire:

Current Salary:

Proposed Salary:

Date of increase (effective date of the increase) :

Reason for the increase (*must include changing scope of activities, responsibilities and complexity of work, at least 1,500 symbols*):

Head of Department Approval (*date, name, signature*):

Steering Committee Approval of Department Approval (*date, name, signature*):