

Employee Pay Change Increase Form

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Current Position: _____

Details of Pay Change:

Previous Pay Rate: _____

New Pay Rate: _____

Effective Date: _____

Reason for Change:

- Performance-Based Adjustment
- Role Change/Promotion
- Market Realignment

Comments by Supervisor:

Approval and Verification:

Supervisor's Name: _____

Signature: _____

Date: _____

HR Department Representative: _____

Signature: _____

Date: _____