Employee Pay Increase Request Form

Requestor Information:
Employee Name:
Employee ID:
Job Title:
Department:
Request Details:
Current Pay:
Requested Pay Increase:
Effective Date Desired:
Reason for Request:
☐ Increased Responsibilities
□ Market Adjustment
□ Recognition for Contributions
□ Other (Specify):
Justification:
Provide a brief explanation for the requested increase:
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Acknowledgment by Employee:
I confirm that the above information is accurate and request consideration for the
proposed pay adjustment.
Employee Signature:
Date:
Management Review:
Supervisor's Comments:

Signature:		
HR Review	and Approval:	
Signature:		 _
Date:		