

# Employee Salary Pay Increase Form

## Employee Details:

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

## Increase Details:

Proposed New Salary: \_\_\_\_\_

Percentage Increase: \_\_\_\_\_

Effective Date of Increase: \_\_\_\_\_

## Reason for Increase:

Annual Review

Merit Increase

Market Adjustment

Other (Specify): \_\_\_\_\_

## Additional Notes (if any):

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## Acknowledgment by Employee:

I acknowledge receipt of this salary adjustment and agree to its terms.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Approvals:

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

Date: \_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_