|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name:** |  | | | |
| Form Type: | ☐ Salary/Wage Change | ☐ Bonus | ☐ Deduction | ☐ Other: |
| Effective Date: |  | | | |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | | |
| Employee ID: | [ID] | Department: | [Department] |
| Job Title: | [Title] | Manager/Supervisor: | [Name] |

**Adjustment Details**

|  |  |  |
| --- | --- | --- |
| **Field** | **Current** | **New** |
| Salary/Wage | $ [amount] | $ [amount] |
| Pay Frequency | ☐ Weekly ☐ Bi-Weekly ☐ Monthly | ☐ Weekly ☐ Bi-Weekly ☐ Monthly |
| Bonus Amount (if applicable) | N/A | $ [amount] |
| Deduction Amount (if applicable) | N/A | $ [amount] |

**Reason for Adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Promotion | ☐ Demotion | ☐ Cost of Living Increase | ☐ Performance Bonus |
| ☐ Error Correction | ☐ Other: | | |

**Additional Explanation/Notes**:

|  |
| --- |
|  |
|  |
|  |
|  |

**Approvals and Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| Employee (if applicable) |  |  |  |
| Manager/Supervisor |  |  |  |
| HR Representative |  |  |  |
| Payroll Administrator |  |  |  |

**Checklist for Submission**

☐ Supporting Documentation Attached (e.g., bonus approval, promotion letter)  
☐ Verified for Payroll Processing Deadline  
☐ Reviewed for Compliance with Company Policy

**Notes**:

* Adjustments will be reflected in the next applicable payroll cycle.
* Submit completed form to the HR or Payroll Department for processing.