

**SALARY ADJUSTMENT PROPOSAL FORM**

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| --- | --- | --- | --- |
| Employee Name |   | Assessment Date |   |
| Designation |   | Commencement Date |   |
| Department/ Project |   | Entity |   |

Justification Comment

Any benefit changes within six months:

No

Yes. If yes, justify for extra increase.

|  |  |  |  |
| --- | --- | --- | --- |
| Existing Salary |   | Proposed Salary |  |
| Other Changes |  | Effective Date |   |

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| --- |
| Remark: Date: Signature and name of Department Head |
| **Human Resources**Accepted Review RejectedDate: Signature & Name | **Business Head / Entity Head** Accepted Review RejectedDate: Signature & Name |