

**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.

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

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