Employee Salary Increase Form

| Employee Nar | ne: | | | | |
|--------------------------|------------|---|------|--|--|
| Job Title: | Job Title: | | | | |
| Supervisor: | | | | | |
| Increase Effective Date: | | | | | |
| Increase Reason: | | | | | |
| Current Hourly Rate: | | | | | |
| New Hourly Rate | | | | | |
| Current Annual Salary | | | | | |
| New Annual Salary | | | | | |
| | | | | | |
| Applicant's Signature | | | Date | | |
| | | | | | |
| | | | | | |
| For Official Use | | | | | |
| Approved Rejected | | d | | | |
| Signed By: | | | | | |