



# Compensation Adjustment Form

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
*Last* *First*

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

## ADJUSTMENT INFORMATION

Reason for Pay Adjustment:

**\*\*NOTE** – Attach all supporting documentation such as performance/probation reviews, etc.

## ADJUSTMENT DETAILS

Effective Date: \_\_\_\_\_ Old Salary Amount: \_\_\_\_\_

Change Amount: \_\_\_\_\_ New Salary Amount: \_\_\_\_\_

## SIGNATURES

Director of Finance/Treasurer\*: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager/Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

\*confirms a reasonable expectation of sufficient funds budgeted.

**When completed, return all forms to the executive secretary for filing**

**Revised: December 17, 2018**