CHANGE OF SALARY FORM

Ministry’s Name:

Department’s Name:

Cost Centre:

Social Security No.:

Employee’s Name:

Position:

Salary Scale:

# Old Salary:

New Salary:

Increment Date:

Reason for Increment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promoted/Upgraded to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Reference:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retro Payment period:

Retro payment amount:

Other:

Signature of Authorized Person:

Date: