



EMPLOYEE RAISE FORM

Employee Name:

Title / Position:

Effective Date: _____ Salary Increase / Decrease Amount: _____

Prior Amount: _____ New Amount: _____

Reason for Increase or Decrease:

By Signing below, I agreed upon the procedures and terms within accepting the increase in pay established today.

I, understand that with this increase in pay, comes with responsibilities, procedures to follow, and growth in the job specialty.

Also, it has been understood that, I am on a trial, and my job will be carefully reviewed by my superiorities. If at any given moment, my job is unsatisfactory, I understand I will be decreased to my prior salary.

Employee's Signature

Date

Approved By

Date