

Employee Salary Adjustment Notification

Employee Name:
[Employee Full Name]

Employee ID:
[Employee ID]

Department:
[Department Name]

Designation:
[Designation]

Date of Notification:
[MM/DD/YYYY]

Effective Date:
[MM/DD/YYYY]

Dear [Employee Name],

We are pleased to inform you that as part of our regular compensation review process, your salary has been adjusted as follows, effective from the above-mentioned date:

Description	Current Amount	Revised Amount
Basic Salary	[Current Basic]	[Revised Basic]
Allowances	[Current Allowances]	[Revised Allowances]
Gross Salary	[Current Gross]	[Revised Gross]

This adjustment reflects the company's commitment to recognizing your contributions and aligning compensation with market standards and individual performance.

Please sign and return a copy of this notification to acknowledge receipt and agreement to the revised salary terms.

Employee Signature

HR/Authorized Signatory

Important Notes

- This document serves as an official notice and must be kept in the employee's personnel file.
- Salary adjustments are subject to management approval as per company policy.
- All figures should be reviewed for accuracy before finalizing the document.
- Employee acknowledgment is mandatory for the changes to take effect.
- Consult the HR department for any queries regarding the salary adjustment.