

# Payroll Amendment Form

## Salary Adjustment Request

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Position / Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Salary Period Effective \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_

## Current Salary Details

Current Base Salary \_\_\_\_\_  
Current Allowances \_\_\_\_\_  
Total Current Pay \_\_\_\_\_

## Amendment Details

Adjustment Type: \_\_\_\_\_ Increase \_\_\_\_\_ Decrease \_\_\_\_\_

New Base Salary: \_\_\_\_\_

New Allowances (if any): \_\_\_\_\_

Total New Pay: \_\_\_\_\_

Reason/Justification for Amendment: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## Approvals

Requested by	Date	Reviewed by (HR)	Date	Approved by (Management)	Date
_____	_____	_____	_____	_____	_____

Employee Signature \_\_\_\_\_

HR Representative Signature \_\_\_\_\_

Management Signature \_\_\_\_\_

## Important Notes:

- All adjustments to salary must be supported by appropriate documentation and management approval.
- Effective date of change must align with payroll periods to avoid errors.

- This form should be retained for audit and compliance purposes.
- Incorrect or incomplete information may delay processing of the amendment.
- For any queries, contact your HR department.