

Payroll Amendment Form

Salary Adjustment Request

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

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.