

Salary Arrears Adjustment Form

Employee Name: _____

Employee ID: _____

Department: _____

Designation: _____

Month(s) of Arrears: _____

Reason for Arrears:

ARREARS CALCULATION DETAILS

Month/Period	Basic Pay Difference	Allowance Difference	Other Adjustments	Total Arrears
Grand Total				

Remarks/Comments:

Employee Signature

Date: _____

Department Head

Date: _____

HR/Accounts Approval

Date: _____

IMPORTANT NOTES

- Ensure all fields are accurately completed before submission.
- Attach necessary supporting documents justifying the arrears claim.
- Arrears adjustments are subject to review and approval by HR/Accounts.
- This form is to be used only for salary adjustment due to arrears, not for other types of claims.