

# EMPLOYEE PAY INCREASE FORM

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Current Compensation Information:

Current Base Salary (USD): \_\_\_\_\_

Current Bonus (if any): \_\_\_\_\_

## Proposed Pay Increase Details:

Proposed Base Salary (USD): \_\_\_\_\_

Proposed Bonus (if any): \_\_\_\_\_

Effective Date of Increase: \_\_\_\_\_

## Reason for Pay Increase:

## Approvals:

Position	Name	Signature	Date
Employee			
Manager			
HR Representative			
Finance Department			
Executive Approval (if required)			

## Acknowledgment and Agreement:

By signing below, the Employee acknowledges receipt of this Employee Pay Increase Form and agrees to the terms and amounts specified herein. The Employee understands that this document does not constitute a guarantee of continued employment and that all other terms and conditions of employment continue to apply.

**Employee Signature**

**Manager Signature**

---

Date

Date

---

This Employee Pay Increase Form is governed by the laws of the United States of America. This document constitutes the entire agreement between the parties concerning the pay increase and supersedes all prior agreements, whether written or oral. Any amendments must be made in writing and signed by both parties. This form does not alter the at-will nature of the employment relationship, unless otherwise specified in a separate agreement.

Original source of this document:

<https://form247-us.com/employee-pay-increase-form/>

Did you find this template helpful?

Find more updated templates at:

<https://form247-us.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.