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| **Salary Adjustment Request Form** | | | |
| **Date\*：** | | | |
| **Employee Name\*** |  | **Department\*** |  |
| **Original Salary Amount\*** |  | **Adjusted Salary Amount\*** |  |
| **Manager's Allowance** |  | | |
| **Effective Date\*** |  | **Average Hourly Wage Amount\*** |  |
| **Other adjustments** | | | |
| **Health Insurance Premium** |  | **Labor Insurance Premium** |  |
| **Number of Dependents for Health Insurance** |  | **Labor Insurance Declaration Amount** |  |