|  |
| --- |
| **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** |  |