

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



OFFICE OF HUMAN RESOURCES

Salary Adjustment Form

Employee Name: _____

SS#: _____

Department: _____

Annual Salary Before Adjustment: \$ _____

Adjustment Amount: \$ _____

Adjusted Annual Salary: \$ _____

Effective Date: _____

Date of Last Performance Review: _____

Reason for Adjustment:

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Approval Signatures:

Supervisor/Department Head:	Date:
Parish Business Office:	Date:
Pastor:	Date: