Temporary Salary Adjustment Delegation Checklist

|  |  |
| --- | --- |
| Employee’s Name |  |
|  |  |
| Employee’s Current Classification |  |
|  |  |
| Employee’s Current Salary |  |
|  |  |
| Proposed Salary Adjustment or  % Increase (Not more than 15%) |  |
|  |  |
| Justification Statement of TSA |  |
|  |  |
| Duration |  |
|  |  |
| Effective Date |  |
|  |  |
| Authorized Date is Prior or Equal to Effective Date |  |
|  |  |
| Authorized Signature & Approval Date |  |
|  |  |