



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 _____