

**PIMA COUNTY
REQUEST FOR WAGE ADJUSTMENT FORM**

EMPLOYEE:	DATE:	
EIN:	DEPARTMENT:	DIVISION:

I am requesting an adjustment in my wages for the following reason(s):

The date(s) for which I am requesting an adjustment are:

The supporting document(s) that I am attaching to this request is(are):

I hereby certify that the information contained on this form is true, correct, and complete to the best of my knowledge. I am aware that, should an investigation at any time disclose misrepresentation or falsification, I may be subject to discipline up to and including dismissal. I also understand that, if a settlement agreement is warranted, I may be subject to discipline up to including dismissal if I violate the conditions set out in the confidential settlement agreement.

I authorize Pima County to make all necessary and appropriate investigations to verify the information contained herein.

Employee's Signature

Supervisor's Comments:

Supervisor's Signature

Appointing Authority's Signature