

SALARY ADJUSTMENT AND DEPARTURE FORM

Group name :		Division N°:										
		Type of modification (salary adjustment, Effective date of chang						cha	nge		New annual	Details Provide reason for the departure
Identification N°	Last name/first name of participant	departure, transfer)	Υ	Υ	Υ	Υ	М	М	D	D	salary	(i.e : Dismissal, voluntary departure, employee no longer reaches minimum hours, back to school,)
Date : Employer or Manager signature :												