



ZALCO

REALTY INCORPORATED

REQUEST FOR SALARY INCREASE

DATE: _____

EMPLOYEE NAME: _____

LOCATION: _____

POSITION: _____

RECOMMENDED INCREASE FROM \$ _____ PER _____ TO \$ _____ PER _____

EFFECTIVE: _____ FOR PAYCHECK DATED _____

EMPLOYMENT AND SALARY HISTORY

EMPLOYMENT DATE _____ HEALTH INSURANCE? YES ___ NO ___

DATE OF LAST INCREASE _____ AMOUNT _____

NEW INCREASE AMOUNT _____ PER _____

JOB PERFORMANCE _____

ATTITUDE _____

INCREASE RECOMMENDED BY _____

INCREASE APPROVED BY _____

All increases must be approved by the Manager, BOD, Department Head, Chairman where applicable.

THIS FORM SHOULD BE COMPLETED AND FORWARDED TO THE PAYROLL DEPARTMENT AT LEAST ONE (1) WEEK IN ADVANCE OF THE EFFECTIVE DATE.



COMMITMENT TO SERVICE SINCE 1971

8701 GEORGIA AVENUE

SILVER SPRING, MARYLAND 20910

(301) 495-6600

