

REDUCTION IN EMPLOYEE COMPENSATION FORM

5.4Addendum-A

DATE _____

EMPLOYEE NAME _____

EMPLOYEE POSITION _____

CURRENT HOURLY WAGE _____ OR CURRENT SALARY _____

PROPOSED HOURLY WAGE _____ OR CURRENT SALARY _____

REASON FOR REDUCTION:

DIRECTOR OF SCHOOLS _____

DATE _____

BUDGET DIRECTOR _____

DATE _____

HR COORDINATOR _____

DATE _____