

## Salary Increase Refusal Appendix Document, Salary Increase Refusal Letter

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Pages: 2

From time-to-time, City employees choose to refuse salary increases. This most typically occurs in situations where a part-time, benefit-eligible employee wishes to maintain his salary below a certain threshold to continue to qualify for other forms of compensation or benefits coverage not offered by the City of Greensboro (retirement pension, social security income, Medicare/Medicaid benefits, etc.). While this issue occurs relatively infrequently, the City wants to 1) ensure that this is a conscious decision on the employee's part, and 2) document this decision for the employee's official employment record.

When an employee chooses to decline or refuse a salary increase, the letter below must be used verbatim to document the employee's decision.

**Steps required to document the employee's decision to refuse a salary increase:**

- A. Print the letter
- B. Fill-in blanks as appropriate
- C. The employee and the employee's supervisor must sign the letter.
- D. A witness who has seen both the employee and supervisor sign the letter must sign the letter. It is not necessary for the witness to know the contents of the document or participate in the discussion leading to it, but to verify that both parties signed the document.
- E. Forward the original, signed letter to Human Resources for inclusion in the employee's official employment record.

Date:

To:

From:

RE: Salary Increase Refusal

This is to confirm our conversation concerning the recent evaluation of my work performance and the salary increase awarded to me, effective \_\_\_\_\_. I am requesting that this salary increase not be awarded to me, due to personal reasons.

I understand that declining this salary increase means that I cannot request that the salary increase be reinstated at a future date or accounted for in future salary increases.

I understand by declining this merit increase that the basic benefits for which I am eligible may also be impacted, such as Life Insurance, annuity, pension, and other benefits provided by the City of Greensboro.

I understand that declining this salary increase will not impact my next eligibility for a salary increase, based on merit guidelines in effect at that time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date