CITY OF RALEIGH
Annual Agency Personnel Information Form

Agency Name _____

Agency Street Address _____

City, State, Zip Code _____

Executive Director _____

Email _____

Telephone Number _____ Fax _____

Fiscal Year of Agency From _____ To _____

No. Full Time Employees: _____ No. Part Time Employees: _____

No. Volunteers utilized: _____

List below the title and current annual salary of all paid staff (full-time or part-time) as of _____ (date). Be sure to include top administrative staff. Place an asterisk (*) beside the names of each person that will work in the agency's program(s) for which City of Raleigh funds are being requested.

Job Title	Annual Salary

(Attach additional sheets as necessary)

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What is your agency's salary adjustment plan or policy?

_____

_____

_____

_____

_____

Date of last agency-wide salary adjustment: _____

Percent and Dollar amount of adjustment: _____

Reason for adjustment: _____

_____

Time interval between merit salary adjustment(s): _____

Average percent increase of each merit increase: _____

Additional comments: _____

_____

Signed: _____ Date: _____
Executive Director