

# WAGE INCREASE LETTER

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Dear Employee,**

We are writing to inform you about an adjustment to your wage. This letter confirms the terms of your wage increase as decided by the company management, in accordance with employment standards and applicable laws of Canada.

## **Wage Increase Details:**

Previous Wage: \_\_\_\_\_ CAD

New Wage: \_\_\_\_\_ CAD

Effective From: \_\_\_\_\_

### **1. Purpose of Increase**

The wage increase is granted in recognition of your valuable contributions and in alignment with the company's compensation policies and market standards.

### **2. Terms and Conditions**

This increase is subject to the continued performance of your duties and compliance with company policies and procedures, as well as applicable Canadian employment laws.

### **3. Payment Schedule**

The increased wage will be reflected in your regular pay cycle following the effective date stated above.

### **4. Statutory Deductions**

All statutory deductions, including income tax, Canada Pension Plan (CPP), Employment Insurance (EI), and any other applicable deductions will continue to be withheld as required by law.

### **5. Employment Relationship**

This letter does not constitute a contract of employment, and your employment remains at-will. Either party may terminate the employment relationship in accordance with applicable laws and company policies.

### **6. Confidentiality**

The terms contained in this letter are confidential and should not be disclosed to third parties without prior written consent from the Company, except as required by law.

### **7. Dispute Resolution**

Any disputes arising from this wage adjustment shall be handled in accordance with the company's dispute resolution policies and applicable Canadian labour laws.

### **8. Compliance with Law**

This wage increase and all related employment terms comply with the Employment Standards Act and other relevant Canadian federal and provincial legislation.

**9. Acknowledgment**

Please acknowledge receipt and acceptance of this wage increase by signing in the space provided below.

**EMPLOYEE SIGNATURE**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYER SIGNATURE**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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