



REQUEST FOR APPROVAL OF STUDENT WAGE RATE INCREASE

Date: _____

Department Head: _____

Department/Project Name: _____ Project Number: _____

Position Supervisor: _____ Position Title: _____

Employee Name: _____
Last First MI

IF NEW HIRE — request to hire above minimum wage:

Requested hourly rate: \$ _____ Number of hours per pay period: _____

*Attach this request when submitting the Conditions of Hourly/Wage Employment Form.

IF CURRENTLY EMPLOYED — request for increase:

Current hourly rate: \$ _____ Number of hours per pay period: _____

Requested hourly rate: \$ _____ Date increase to be effective: _____

JUSTIFICATION FOR INCREASE — briefly explain reason for request:

Five horizontal lines for justification text.

REQUIRED APPROVING SIGNATURES:

EMPLOYEE SUPERVISOR _____ DATE _____
DEPARTMENT HEAD _____ DATE _____
VICE CHANCELLOR _____ DATE _____
HUMAN RESOURCES _____ DATE _____
BUDGET OFFICE _____ DATE _____