

Office of Human Resources
Student Wage Rate Increase Request Form

Please keep in mind that students for whom a raise is being requested must have been working in the same department for at least two semesters (Fall and/or Spring) prior to the current semester.

Please TYPE or PRINT the following information and return the completed form to the Office of Human Resources, 2070 CB.

Supervisor Information

Name _____ Campus Box _____ Campus Ext. _____

Student Information

Name _____

Datatel number _____

Department _____

Position title _____

(list new position title, if applicable)

Beginning pay rate: \$ _____ /hr Date student began working in department (semester and year) _____

Current pay rate: \$ _____ /hr

Proposed pay rate: \$ _____ /hr Effective date _____

Payroll account number - -

Reason for request

Other (reason for request)

Signatures

Person responsible for budget _____ Date: _____

Student's supervisor _____ Date: _____

OFFICE USE ONLY

approved

denied

Reason:

By: _____ Date: _____