



REQUEST FOR STUDENT INCREASED HOURLY RATE
(This form must be completed and signed before work begins)

Student's Name or Program Name: _____

Requested Hourly Rate:

Detailed description of advanced skills required for an increased rate:

Requestor's Department

Requestor's Signature

Date

Approved Hourly Rate:

Signature of Dean or Director

Date

Signature of Chief Cabinet Officer

Date

SEND COMPLETED FORM TO PAYROLL & STUDENT EMPLOYMENT
203 OLD MAIN
payroll@sru.edu

