Student Employee Wage Increase Request

Date of Request:		**Supervisor Name:**	
Student Name:		**Student Employee ID:**	

Basic Information

Current Hourly Rate:		Final Hourly Rate:	
Requested Increase ($):		*Effective Date:	

* The effective date for the pay change will be either the 1st or the 16th of the current pay period.

Type of Wage Increase

☐ Promotion (specify the change of job title if needed)

☐ Merit

Semester 1: (i.e. Summer 2025) Average Score:

Semester 2: Average Score:

☐ Department-wide Rate Adjustment

☐ Other (i.e. special projects):

Approvals

Supervisor Signature:		Date:	
Dept. Head Signature:		Date:	
Administrator Signature:		Date:	