Southern State Community College

Pay Increase Request Form

For

Part-Time Hourly Employees

Name of Employee | Department | Location

Name of Supervisor

Previous Hourly Rate | New Hourly Rate

Effective date of new hourly rate

Comments

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Approvals

Supervisor Signature:	Date:
Dean or Vice President:	Date:
Human Resources:	Date:
President:	Date:

*When finished completing this form return to Mary Clinton in Payroll Office