



## **Pay Increase Request** ***For Part-time Hourly Employees***

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Name of Employee Department Location

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Name of Supervisor

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Previous Hourly Rate New Hourly Rate

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Effective date of new hourly rate

Comments

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***Approvals***

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