

STUDENT PAY CHANGE REQUEST

DISTRICT STUDENT HELP FEDERAL WORK STUDY

Student's Name

Student ID Number

Mailing Address

City

State

Zip Code

(Area Code) Phone Number

Birthdate

Supervisor's Name

Department

Effective _____, Please increase the pay rate from \$_____ to \$_____.

Reason for change in hourly rate: *(be specific – refer to Personnel Regulation No. 4600-R3 for classification and pay structures.)*

Approval

District Student Help

or

Federal Work Study

Signature of Supervisor

Signature of Supervisor

Dean/Area Manager

Financial Aid Program Manager

Position Number _____