SPU Student Pay Raise Request Form

Student: ________________________  ID: ______________  Dept: ______________

Old Pay Rate: $________ New Pay Rate: $________ Effective Date: ____________
Must be first day of a Pay Period

Position Number: __________ Fund: ________________ Orgn: ______________

Supervisor’s Worgn Number: _______________

Supervisor (print): ________________________________ Date: __________

Supervisor (signature): ____________________________

Submit Pay Raise Request Form to the Student Payroll Office, 3rd Floor, Weter Hall