



**COMMUNITY EDUCATION PAY INCREASE FORM**

Employee's Name: \_\_\_\_\_ Employee's ID #: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_ Position: \_\_\_\_\_

Current Hourly Rate: \_\_\_\_\_ Requested New Hourly Rate: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Brief Job Description:

Justification for Rate Increase:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Community Education Coordinator

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Community Education Supervisor

***Submit this form to: Human Resource Department, Workforce Management***

***DO NOT WRITE BELOW THIS LINE (ONLY FOR HUMAN RESOURCE DEPARTMENT)***

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Date Received in Human Resource Department: \_\_\_\_\_

Original Hire Date: \_\_\_\_\_ Current Pay Rate: \_\_\_\_\_

**APPROVED**

New Pay Rate: \_\_\_\_\_ Effective Date of New Pay Rate: \_\_\_\_\_

**DENIED**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Workforce Management Specialist