



Student Rate Change Form

Student Name _____ SMC ID _____
(required)

New Rate Effective Date ___/___/_____
(Effective date must be a future date. Rate changes will not be retroactively applied)

Department _____ Position Title _____

Wage Code ____ - ____ - _____ - _____ - _____
(student payroll budget line)

Rate of Pay (refer to guidelines):

Current Rate: \$ _____ /hour

New Hourly Rate: \$ _____ /hour

Reason for change _____

Supervisor Name _____

Supervisor Signature _____ Date _____

Department Head Approval _____ Date _____
(to confirm sufficient budget allocation for increased wages)

For Payroll Use Only

Date Received

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Pay period _____

Supervisor Notified _____