



Student Employment Wage Scale Exception Request

Student Name _____ SMC ID _____
(required)

Department _____ Position Title _____

Wage Code _____
(student payroll budget line)

Current Rate \$ _____ /hour

Requested Off-Scale Rate \$ _____ /hour

Rationale for exception to Student Employment Wage Scale:

Supervisor Name _____

Supervisor Signature _____ Date _____

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

This completed form is to be submitted to Susan Hooks, Budget Officer for review and approval of financial resources. Once the financial resources are confirmed, it will then be submitted to Evans Lusuli, Director of Compensation and HR Operations, for review and approval of compensation outside of the student wage scale. Determination of the request will be communicated to supervisor and department head by email.

Budget Approval, Susan Hooks _____ Date _____

Compensation Approval, Evans Lusuli _____ Date _____

Effective Date _____