

# 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
---------------

Pay period \_\_\_\_\_

Supervisor Notified \_\_\_\_\_