

**Student Wage Rate Change
Student Work Program
St. Olaf College**

This form should be used to request a change in a wage rate for a student worker. Please complete this form and return it to the Financial Aid Office for approval. You will be notified if the increase is approved.

Student name _____ Student ID _____

Department name _____ Dept. Acct. 10-_____

Supervisor name (print) _____

Current wage _____ Current job title _____

Proposed rate _____ Proposed title _____
(If change is applicable)

Effective date of wage rate change _____
(Please use the start date of an upcoming pay period)

Rational for increased rate:

Supervisor signature _____ Date _____

Financial Aid - Office Use Only:

Date received request _____ Entered on Access _____

Date approved _____ Entered on Lawson _____

Initials _____ Notes: