Student Employee Increase Form

Student Name: _____

Employee ID # (if known): _____

Student CU Email: _____

Speedtype: _____

Supervisor Name: _____

Supervisor Email: _____

Date of Increase to Take Effect: _____

(Ideally this would be at the start of a pay period. For those date, please refer to the biweekly pay-period dates via: https://www.colorado.edu/studentemployment/resources/important-dates/payroll-dates)

Current Hourly Rate of Pay: $ _____

Requested New Rate of Pay: $ _____

***Please note, the current minimum rate of pay is $16.00. Please refer to the following link for more information on student employment pay rates, pay ranges, job descriptions, and job codes: https://www.colorado.edu/studentemployment/descriptions-pay-codes*

Please include a brief reason for this increase:

Signatures Needed

Supervisor Approval: _____

CIRES Finance Manager Approval: _____