

**Temporary Rate (\$) Adjustment Request**  
(Working Out of Class, Added Duties, Temporary Supr., etc.)

**Note: Only use this form for hourly union staff when it involves paying them temporarily for working in a Non-Bargained For capacity.**

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**Empl. ID:**

**Employee Name:**

**Current salary:**

**Proposed salary:**

**Effective date:**

**End date:**

**Justification and comments:**

Requester's Signature/Date\_\_\_\_\_

Assoc. Director Approval/Date\_\_\_\_\_

Director Approval/Date\_\_\_\_\_