HOURLY RATE EXCEEDANCE REQUEST FORM

CLASS 4 PROFESSIONAL RESEARCH MANAGERS

DATE OF REQUEST:

EMPLOYEE NAME:

BEGIN DATE: ANTICIPATED END DATE:

NUMBER OF HOURS REQUIRED PER WEEK:

CURRENT RATE PER HOUR

REQUESTED RATE PER HOUR

FULL NAME OF SUPERVISOR/ MANAGER:

BACHELORS MASTERS PHD

PLEASE ATTACH A CURRENT CV FOR YOUR REQUEST AND INDICATE IN FULL DETAIL THE WORK TO BE PERFORMED:

DEPARTMENT PREPARER NAME/DATE

DEPARTMENT CHAIR/DIRECTOR NAME

DEPARTMENT CHAIR/DIRECTOR SIGNATURE/DATE: