



Pay Exception Request Form

Revised 11/1/2022

Employee Name: _____

Position: _____

Current Wage: _____

Requested Wage: _____

Requesting Supervisor: _____

Please select one category from the drop down below that best aligns with your request and provide justification in the space provided. (*Hover over the drop down item to read the full description.*)
You may attach additional documentation, if necessary.

Justification: (*see requirements listed above in the drop down menu.*)

Department Director Signature and Date: _____

COMMITTEE USE ONLY

Notes/Analysis

Decision: