



# Pay Exception Request Form

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: