

Change Student Wage Rate Form
Student Work Program
St. Olaf College

This form should be used to request a change in a wage rate for a student worker. Please complete this form and return it to the Office of Financial Aid for consideration. You will be notified if the increase is approved.

Student Name _____ Student Number _____

Department _____ Depart. Number _____

Supervisor _____

Current wage rate _____

Proposed new rate _____

Rationale for increased rate _____

Supervisor's signature _____ Date _____

For Office of Financial Aid Use

Student's Wage: _____

Initials: _____

Date: _____