Salisbury University
Change of Rate Form

Please change the hourly pay rate for the following student(s).

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Employee Name</th>
<th>Old Rate</th>
<th>New Rate</th>
</tr>
</thead>
</table>

Dept Account Code       Budget Administrator

Please allow approximately 4 weeks for this change. All salary increases must be in increments of $.05

Please use this form during the regular academic year and for the same department code to change the rate of pay rather than writing a new contract.