Date

TO: 
FROM: 
RE: Request to Approve Interim Pay Adjustment or Administrative Supplement

This request seeks approval for a temporary pay increase of $.00 for (name) while assuming responsibilities of (additional duties/responsibilities) for approximately (duration of interim assignment).

This recommendation seeks to make this effective (date). Your consideration is greatly appreciated.

Recommended: ________________________________ Date: ________________

Recommended: ________________________________ Date: ________________

Recommended: ________________________________ Date: ________________

Recommended: ________________________________ Date: ________________

Approved: ________________________________ Date: ________________