

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: _____