



# DONNA INDEPENDENT SCHOOL DISTRICT

## Request for Pay Change

Date of Request: \_\_\_\_\_

Name (Official Name): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

**FROM:**

Current Position: \_\_\_\_\_

Pay Grade: \_\_\_\_\_ Days: \_\_\_\_\_

**TO:**

Recommended change for the 202\_\_ - 202\_\_ school year. I am proposing that the above-mentioned position be changed to the following effective: \_\_\_\_\_

Position Title, *if changing*: \_\_\_\_\_

Pay Grade: \_\_\_\_\_ Days: \_\_\_\_\_

Reason for proposed change:

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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***For Office Use Only!***

Signature of HR Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Asst. Supt for B&F: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Deputy Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED**

**DENIED**

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Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_