



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: _____

For Office Use Only!

Signature of HR Administrator: _____ Date: _____

Signature of Chief Financial Officer: _____ Date: _____

☐ APPROVED

☐ DENIED

Signature of Superintendent: _____ Date: _____