



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**  
**Request for Student Worker Pay Increase**  
**2023-2024**

**Please return this completed form to:**  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

This form is to be filled out and turned into the Office of Financial Aid when the department wishes to increase the student's pay rate. **The effective date of increase must be the beginning of the pay period.**

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

DEPARTMENT Name:

DEPARTMENT Code:

STUDENT'S Current Pay Rate:

STUDENT'S New Pay Rate:

Effective Date of Pay Increase:

Reason for Pay Increase:

**Supervisor Signature:**

**Date:**

**Dept. Head Signature:**

**Date:**