



Student Wage Exception Form

Date: _____

Submitted by: _____

Organizational Unit

Organization Unit #

Student Name: _____ Personnel # (if known)

Classification: _____

Years of experience: _____ Recommended hourly rate:

Select the applicable exception reason:

Additional justification (please complete this field if "other" is selected above):

M-G College of Agriculture Food, & Environment Student Hourly Rates

<u>Experience</u>	<u>Freshman</u>	<u>Sophomore</u>	<u>Junior</u>	<u>Senior</u>
None	\$12.00*	\$12.25*	\$12.50*	\$12.75*
1 Year	\$12.25	\$12.50	\$12.75	\$13.00
2 Years		\$12.75	\$13.00	\$13.25
3 Years			\$13.25	\$13.50
4 Years				\$13.75**

*Denotes the minimum rate per grade level.

**If the hourly rate exceeds \$15.00, a Student Wage Scale Exception Form is required.