STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
EMPLOYEE STAFFING DIVISION

Request for Approval of Appointment Above the Minimum Pay Rate

TO: ___________________________ Date: ________________
    DPO or Authorized Representative, Name & Title

Department of __________________________________________

1. Request approval of appointment above the minimum pay rate for:

   Appointee Name: ___________________________ Position No: __________
   Class: ___________________________ BU: _____ SR/Step: _____ $ _______
   Recommended Effective Date: __________ Geographic Location: ______________

2. Type of Appointment:   □ Initial Probation   □ New Probation

3. Justification for request (including benefits the State will receive by paying the higher rate. Please use additional pages as needed):

4. Other pertinent information:

5. Employing Program: __________________________________________

   For Employing Program: ___________________________
   Division Chief or Authorized Representative (Signature and Title)
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6. Your request is:   □ Approved at the requested rate
                      □ Approved at $ __________ (Other than the requested rate)
                      □ Disapproved

   ___________________________ ___________________________
   Date                     Appointing Authority or Authorized Representative
   ___________________________ ___________________________
   Name and Title

C: DHRD/ESD