

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)



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