

STATE OF HAWAII  
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT  
EMPLOYEE STAFFING DIVISION

**REQUEST FOR APPROVAL OF APPOINTMENT ABOVE THE MINIMUM PAY RATE**

Date: \_\_\_\_\_

To: Department of Human Resources Development  
Employee Staffing Division  
235 South Beretania Street, Room 1100  
Honolulu, Hawaii 96813

1. Request approval of the appointment at above the minimum pay rate for:  
Name: \_\_\_\_\_ Position No. \_\_\_\_\_  
Class: \_\_\_\_\_ SR \_\_\_\_\_ Step \_\_\_\_\_ \$ \_\_\_\_\_  
Recommended Effective Date: \_\_\_\_\_ Geographic Location: \_\_\_\_\_

2. Type of Appointment:  Probation  
 Other \_\_\_\_\_  
(Explain)

3. The reason(s) for this request (*include rationale for the selected rate and the benefits the State will receive by paying the higher rate*):

4. Other pertinent information:

5. Department of \_\_\_\_\_

\_\_\_\_\_  
(For Employing Agency)