

## REQUEST TO OBTAIN PAY SCALE

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Time: \_\_\_\_\_

I hereby request the pay scale for my current position and/or the opportunity to schedule a time to discuss the pay scale for my current position.

**Note:** If you would like to schedule a time to discuss the pay scale please provide the following options of dates and times that you would be available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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### CONFIRMATION OF PAY SCALE PROVIDED OR MEETING DATE

The request to obtain a copy of the pay scale for your current position your or to meet to discuss the pay scale for your current position was received on \_\_\_\_\_

A copy of the pay scale for your current position was provided to you on \_\_\_\_\_.

An appointment to discuss the pay scale for your current position has been scheduled for the following date and time:

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

Approved: \_\_\_\_\_ Title: \_\_\_\_\_

Site of approval: \_\_\_\_\_