

# PORTLAND STATE UNIVERSITY

## Request to Pay Student Employee Over the Pay Cap Office of Academic Affairs/Division of Student Affairs

Employee's Name \_\_\_\_\_

ID Number or SSN \_\_\_\_\_

Department \_\_\_\_\_

Position Number \_\_\_\_\_

Position Title \_\_\_\_\_

Effective Date of Pay Rate \_\_\_\_\_

Current Pay Rate \_\_\_\_\_

Requested Pay Rate \_\_\_\_\_

Funding Source (Check One)     Department     Grant     Federal Work-study

Index Code \_\_\_\_\_

Reason for Request

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

Preparer is (check one):    Faculty    Staff    Other: \_\_\_\_\_

Requesting Department Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approver's Name: \_\_\_\_\_ Approver's Dept.: \_\_\_\_\_

\_\_\_\_\_

Vice Provost for Student Affairs Authorization \_\_\_\_\_ Date \_\_\_\_\_

\*This approval expires on June 15th of the current fiscal year. Questions? 503-725-5249; mail code: OAA/Samuels