

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/VPSA

Please review the [PSU Student Employment Handbook](#) available on the Human Resources website.