

**Pay Rate Exception Request**

**Student Name (Last, First, MI):** Click here to enter text.

 **KSU ID Number:** Click here to enter text. **Flashline Username:** Click here to enter text.

**Position & Suffix Number** (if known)**:** Click here to enter text.

**Pay Rate Requested:** Click here to enter text.

**Job Begin Date:** Click here to enter text. **Job End Date:** Click here to enter text.

**Department Name:** Click here to enter text.

**Person Requesting Change:** Click here to enter text.

**Phone:** Click here to enter text. **Date:** Click here to enter text.

#### Additional Required Information: Please explain in detail below why this position necessitates an hourly rate in excess of the current [Student Employment Pay Plan](https://www.kent.edu/career/student-employment-pay-plan), including specific job duties and skills required.

Click here to enter text.

**Is this the first exception request for this position:** Yes [ ]  No[ ]

(i.e., have previous exceptions been made for this student employee or others in the position?)

**You will be notified via email within 1-2 business days** regarding your request. Pay rate changes become **effective with the new job begin date or the first Sunday of the next pay period for an existing job**.

***Please email the complete form to*** ***campusworks@kent.edu*****.**

**Career Exploration and Development Use Only**

Hourly Rate (if non-hourly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved / Not Approved Staff: \_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff: \_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12/07/2016