

OVER 20 HOURS A WEEK 5 (4 8 (6 7
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This form is used for the purpose to request approval for working over the maximum 20 hours a week restriction that is placed on student employees. This request may only be for a limited amount of time (i.e. coverage of your department while another employee is out on vacation, specific days where events are taking place, etc...) and is not meant for any extended period longer than one to two weeks.

 Student Name –As Printed on Social Security Card

 Hiring Site Name

 6 W X G H Q W Number'

 Supervisor Name Phone # and Extension

I am hereby requesting approval for the above named student to work more than 20 hours a week. I understand that the student may not begin the increased hours until the department receives written approval notification from the Student Employment Office.

What type of budget will the student work the additional hours under: % FWS
 % District

Student Employees are authorized to work a maximum of 20 hours a week and no more than 8 hours a day. Although we can make an exception for a short period of time and grant a student employee permission to work over the 20 hours a week limit, the student employee must still abide by the 8 hours a day limit. Please list below the number of additional hours that you would like to request for the student employee and the specific date that the additional hours may be worked.

Number of additional hours requested per week: _____ Dates needed: _____

Reason for additional hours (explain in detail): _____

This request confirms that working over 20 hours in a week will not hinder the student's responsibility to maintain a 2.0 or better CGPA. By signing this form, you indicate that you are aware that the student cannot increase his/her hours prior to this form being approved and is for the above requested dates only. An increase in hours without authorization could jeopardize future employment.

By signing this form I am acknowledging that I understand and will adhere to all of the guidelines as stated above.

Student's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____