



Student Employee Exception to Work Request

Last Name: _____

First Name: _____

Student ID #: _____

Emp ID #: _____

Department/Campus location: _____

Position Title: _____

Dates Needed: _____

Total Number of Hours requested: _____

_____ Over 20 hours/week

_____ Non-operating district hours

_____ Weekend

_____ Other

Specific reason/task why additional student hours are needed: _____

Supervisor terms: The purpose of this request form is to provide additional support to a department that may have extenuating circumstances. It is not used to provide a department with additional staff to conduct normal business. It cannot be used by a department when permanent staff may be absent or on leave. Students are not allowed to work over eight hours in a day. Students cannot work more than 28 hours in a given week. Students cannot work during their class instruction time. Your signatures indicate that you agree to these terms. This agreement is between the supervisor and student for requested dates only.

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Dean Signature: _____

Date: _____

_____ **For Financial Aid Department use only** _____

_____ Approved

_____ Denied

_____ Pending: more information needed _____

Student Employment Coordinator Signature: _____

Date: _____