



# OVER 20 HOURS A WEEK REQUEST

## Riverside City College Student Employment

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 when special 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 (Please Print)	Hiring Site Name	
_____	_____	
Social Security 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 hiring 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 limitation. Please list below the number of **additional** hours that you would like to request for the student employee to work 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. Both signatures 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 prior authorization could jeopardize future employment.

By signing below 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: \_\_\_\_\_