

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	
Last 4 digits of Social Security Number		Supervisor Name	Phone # and Extension
I am hereby requesting approval for the a that the student may not begin the increase from the Student Employment Office.			
What type of budget will the student work	the additional l	nours under:	FWS District
Student Employees are authorized to wo Although we can make an exception for a over the 20 hours a week limit, the stude below the number of additional hours the specific date that the additional hours may	a short period o nt employee m nat you would l	of time and grant a stu ust still abide by the 8	dent employee permission to work hours a day limitation. Please list
Number of additional hours requested pe	er week:	Dates nee	ded:
Reason for additional hours (explain in det	ail):		
This request confirms that working over 20 2.0 or better CGPA. Both signatures ind prior to this form being approved and is authorization could jeopardize future empl	for the above	are aware that the stud	lent cannot increase his/her hours

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:
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Original: Student Employment + 1 Copy: Supervisor + 1 Copy: Student