2017 Student Employment Summer Exception Request Form

Name of Department: ___________________________________________________________________

Names of the students for which an exception is being requested:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Specific exception requested and the rationale behind the request, including the business or academic need:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

Because of the defined business or academic need, after consulting with Associate Vice President for Human Resources, I am granting the requested exception and allowing the students hired for this program or project to work more than 25 hours in the summer. I understand that if the exempted students qualify for health insurance, the institutional cost of the health insurance will be borne by my college or area/division.

_______________________________________________________  ____________________________
Area/Department Head  Date

_______________________________________________________  ____________________________
Area/Division/College Leader  Date

_______________________________________________________  ____________________________
Executive of Area  Date

A signed copy of this form should be sent to:
1. The Associate Vice-President for Human Resources
2. The On-Campus Student Employment Coordinator