Name of Department: ___________________________________________________________________

Enter below or attach a spreadsheet with the Names and Banner ID’s 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. Teresa Hardin, Human Resources
2. Vicki Clary, On-Campus Student Employment Coordinator