HOUR INCREASE JUSTIFICATION FORM

Select One:  □ 03 Worker   □ 04 Worker

Student Name: ___________________________  CWID: ________________________

Student Job Title: ________________________  Department: ____________________

Supervisor: ______________________________  Supervisor Phone#: ________________

Supervisor Email: _________________________

Per the Campus Employment Handbook, student employees may not work more than 20 hours per week without prior approval. Extended work hours may be granted but cannot exceed 25 hours per week. Hour increases are neither retroactive nor automatic, and will not take effect until proper authorization has been obtained.

Federal law requires a rest period of ten minutes for every segment of four hours worked in one shift. For shifts of five hours or more, employees are required to take a thirty-minute unpaid lunch break. Please take these regulations into consideration when requesting additional hours.

Weekly Hours Requested: ________________

INDEX  FUND  ORGANIZATION  ACCOUNT  PROGRAM

Justification for increased hours:

________________________________________________________________________

________________________________________________________________________

Supervisor Signature ___________________________ Date: ____________

Budget Head Signature (Required for 03 Workers only) ___________________________ Date: ____________

Controller Signature (Required for 03 Workers only) ___________________________ Date: ____________

Submit this form to:  03 Workers – Human Resources, Coenen Hall 107
                       04 Workers – Financial Aid Services, Sandel Hall 115

OFFICE USE ONLY

□ Approved   □ Denied   Additional notes:

Processed By: ________________

Date: ________________