

**PERMISSION TO WORK
MORE THAN 28 HOURS
PER WEEK**



NAME: _____ **SID #** _____
(please print)

CAMPUS EMAIL: _____

Level in School:

Freshman Sophomore Junior Senior Graduate **GPA:** _____

I am seeking permission to work up to _____ hours per week for the following period:

From: _____ Through: _____
(Students granted permission to exceed 28 hours per week may not be exempt from social security and Medicare withholdings.)

Reason: (attach additional sheet if necessary) _____

STUDENT SIGNATURE _____ **DATE** _____

SUPERVISOR SIGNATURE _____ **DATE** _____

SUPERVISOR COMMENTS: (optional) _____

OFFICE USE ONLY:

Approved Denied By: _____ Date _____

NOTES: _____
