

Student Employment Approval Form to Exceed 20 Hours a Week

THE COLLEGE AT BROCKPORT

This Form is only required for Fall and Spring Semester

REQUEST DATE:	DEPARTMENT NAME:	SUPERVISORS NAME:
STUDENT EMPLOYEE NAME (Please Print):		
BANNER NUMBER:		

Temporary Service Student- Please note this form is only used during the academic year. For winter and summer break all temporary service students may work up to 27 hours a week without Student Employment approval.

Temporary Service Student & Supervisors:

I understand that a student may not work more than 27 hours a week during the academic year. The 27 hour limit applies to all pay periods. Students may not exceed the 27 hours when classes are not in session or during winter and summer breaks. I understand that if a student has multiple jobs the student and supervisor(s) must coordinate the work schedules with the other departments to ensure the student does not exceed the 27 hours per week. I also understand that this approval to exceed 20 hours per week may be revoked if the student does not remain in good academic standing or exceeds the 27 hours allowed per week. Students who work over 20 hours will be subject to FICA tax.

Your signature below acknowledges that you have read the statement above and understand that the student may not exceed 27 hours per week.

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

College Work-Study Student - Please note this form is only used during the academic year. For winter and summer break College Work-Study Students may work up to 40 hours per week without Student Employment approval.

College Work-Study Student & Supervisors:

I am requesting permission to work in excess of 20 hours per week. I understand that if permission is granted I may work no more than 40 hours per week. I will also be subject to FICA tax. I also understand that this approval to exceed 20 hours per week may be revoked if the student does not remain in good academic standing. If I should exhaust my work-study award and move to the Student Temporary Service payroll I understand that the most I can work is 27 hours per week.

Your signature below acknowledges that you have read the statement above.

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Employment Use Only: Approved Denied Date _____

Copies: Payroll