Request for Increase in Work Hours

Instructions:
1. Fully complete and return to the Student Employment Office.
2. Attach any appropriate documentation.

Section 1: To be completed by Supervisor

PLEASE PRINT ALL INFORMATION

___________________________
Student Name

___________________________
CWID Number

Total hours being requested for this pay period: _________

Is this a temporary or permanent request? _________________

If temporary, additional hours will be worked: _________ to _____________

Name of Supervisor ________________________________

Department _______________________________________

Reason for Request (give a concise and complete explanation for the request; attach appropriate documentation if needed)

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Signature of Supervisor: ________________________________

Section 2: To be completed by Student Employment Office

Date Request Received ____________________

Action Taken:

_____ Increase Approved

_____ Increase Denied

Comments:

____________________________________________________

____________________________________________________

____________________________________________________

Signature, Student Employment Coordinator ____________________

Date ____________________

NOTE: Students must not be permitted to work more than 30 hours per week.