

Return this form to:
Office of Financial Aid
For Federal Work-Study
Business Office
For Institutional Work-Study

Request for: Work-Study Semester Break/Make-Up Hours

Student Name:	Student ID#:
Phone Number:	Date of Birth:

Eligible Work-Study (WS) students may work during semester breaks or work outside of regular scheduled hours to make-up previously missed hours. Approval is needed by their supervisor **and** the WS Coordinator **before** a student can begin working. **Work-Study students must be supervised at all times.**

Type of Request/Reason: Check all that apply.

Semester Break
Department Help: _____

Make-Up
Missed Hours: _____
Begin Date End Date

_____ Begin Date End Date

Total Hours Requested: _____

Department (Dept#): _____

Student Signature

Date

Supervisor Signature

Date

When a decision has been made, a copy of this completed form will be emailed to the student, their supervisor, and their department head.

WS Coordinator Use Only: **Approved** **Denied:** _____

Remaining for the semester: Hours: _____

Approved for Break/Make-up: Hours: _____

WS Coordinator Signature

Date