



Return this form to:
workstudy@carlalbert.edu
 Office of Financial Aid
 - Federal Work-Study
 Business Office
 - 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: Federal Institutional

Choose the break or type of closed day work hours are being requested for.

Semester Break/Closed Day:

Enter the actual timeframe for additional work.

Dates:

Begin Date	End Date
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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:** ☐ Insufficient Student Hours
☐ Insufficient Department Hours
☐ Expected Unsafe Travel
☐ Other: _____

Approved Hours: _____

Remaining semester Hours: _____

WS Coordinator Signature

Date _____