CARL ALBERT STATE COLLEGE
EST. 1933

Return this form to:
workstudy@carlalbert.edu
- 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 WS 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

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:**

Approved Student Hours: _____

Remaining Student Hours: _____

☐ Insufficient Student Hours
☐ Insufficient Department Hours
☐ Expected Unsafe Travel
☐ Other: _____

_____ _____
WS Coordinator Signature **Date**