



LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Return Completed Form To:
Student Employment Coordinator
Campus Box #34
318-257-2641

2016-2017 Request for Student Workers To Work During Official University Closures

This form is used to request approval for student workers to be able to work during official university closures. Student employees are allowed to work no more than 20 hours per week. The completed form must be submitted to the Financial Aid Office and approved before the student is allowed to work during the official university closure.

Instructions: Complete form below and submit to the Student Employment Coordinator in the Financial Aid Office (Campus Box #34). After the request has been reviewed, the Student Employment Coordinator will notify you by return of this form of the decision that has been made.

Note: A SFA work week is Monday through Sunday. No student worker is allowed to work more than 20 hours per week, unless a **special circumstance** arises. If a **special circumstance** arises, the additional hours must be approved by the Student Employment Coordinator **prior** to the additional hours being worked by the student.

STUDENT INFORMATION *(To be filled out by the student):*

Last Name: Tech CWID#:
 First Name: Phone Number:

I, the student worker, understand that I am seeking permission to work during a scheduled holiday/quarter break.. I must receive an official approval prior to working the requested time.

Student Signature: Date:

DEPARTMENTAL INFORMATION *(To be filled out by the department requesting service during the scheduled break):*

Worker Category: Closure Dates:

How many hours will the student work per week during the requested closure dates?

If requesting additional hours to be worked beyond 20 per week, please provide additional justification:

Does the student work for any other on-campus departments?

If yes, list departments and approximate number of hours worked:

I understand the student worker must be officially granted permission to work during the official university closure. I certify the student will not work more than 20 hours per work week, unless given an approval for a special circumstance. I understand that student workers are not meant to replace full time employees and the request for additional hours is meant for special circumstances only. I also understand the student must remain enrolled at least halftime and maintain the required GPA (2.0 UG/ 3.0 GR) to be an eligible student worker.

Supervisor: _____ Sign/Date: _____

Dept Head: _____ Sign/Date: _____

FINANCIAL AID INFORMATION *(Dept. use only!)*

Official Decision: Approved Denied Sign/Date: _____