



LOUISIANA TECH UNIVERSITY
Office of Financial Aid

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

2021-2022 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 may not exceed an average of 20 hours per week (not to exceed 25 hours in any given week) with a maximum of 40 hours during any 2-week pay period. 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.

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):*

Department Code: Closure Dates:
 Department Name:

Please provide justification for any student who is working during a University closure:

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 an average of 20 hours per work week (not to exceed 25 hours in any given week) with a maximum of 40 hours during any 2-week pay period. 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: _____