LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Request for Student Workers During Official University Closures 2022-2023

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272
techaid@latech.edu

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 completed by the Student)*:

STUDENT'S Last Name | First Name | MI | STUDENT'S CWID or SSN

STUDENT'S Telephone | STUDENT'S Email

Student Signature: **Date:**

DEPARTMENT INFORMATION *(to be completed by the Department requesting service during the scheduled break)*:

DEPARTMENT Name: | Closure Dates:

DEPARTMENT Code: | Type of Funds: Departmental Funds

Justification for workers during 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 Signature: **Date:**

Dept. Head Signature: **Date:**

FINANCIAL AID INFORMATION: (Office of Financial Aid use only)

☐ Approved

☐ Denied

Financial Aid Signature: **Date:**

Print Form