

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Request for Student Workers During Official University Closures 2025-2026

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

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 Office of Financial Aid (Campus Box #34).

Please remember that remote work is NOT allowed and student workers must be supervised.

| STUDENT INFORMATION (to be completed by the Student): | | | |
|---|---------------------|--------------|--|
| | | | |
| STUDENT'S Last Name | First Name | MI | STUDENT'S CWID or SSN |
| | | | |
| | | | |
| STUDENT'S Telephone | STUDE | ENT'S Email | |
| | | | |
| Student Signature: | | | Date: |
| BERNETHENE INCORNATION | | | |
| DEPARTMENT INFORMATION | (to be completed by | the Departme | nt requesting service during the scheduled break): |
| | | | |
| DEPARTMENT Name: | | | Closure Dates: |
| | | | |
| DEDARTMENT Code | | | Type of Funds: |
| DEPARTMENT Code: | | | Type of Fullus. |
| Justification for workers during University Closure: | | | |
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| 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: |
| - | | | 23.0. |
| Don't Hood Cimpeture | | | |
| Dept. Head Signature: | | | Date: |