

Student Employment Policy Exception to Work in Multiple Departments

Requestor:				
Department:				
Student T#:				
Student Name:				
Original hiring department - estimate	ed work hours per	week:		
Name of Department:				
Start Date: End Date:				
Second hiring department - estimate	d work hours per	week:		
Name of Department:				
Start Date:	End Date:		_	
Reason student is needed to work in	second hiring de	partment:		
Does the second hiring department	have the funding t	o pay for health i	nsurance if the	
student works more than 29 hours p	er week?			
All departmental supervisors mus	t sign this form.			
Original Hiring Department Signature	 e	Date		
Second Hiring Department Signature		Date		
Approved:				
Human Resources		 Date		