HOURLY RATE EXCEEDANCE REQUEST FORM

CLASS 5 STUDENT WORKER

DATE OF REQUEST

CHAIR/DIRECTOR INITIATING REQUEST:

BEGIN DATE: ANTICIPATED END DATE:

NUMBER OF HOURS REQUIRED PER WEEK:

FULL NAME OF STUDENT:

UNDERGRAD GRADUATE POST-GRADUATE

INIDCATE IN FULL DETAIL THE WORK TO BE PERFORMED:

DEPARTMENT PREPARER NAME/DATE

DEPARTMENT CHAIR/DIRECTOR NAME

DEPARTMENT CHAIR/DIRECTOR SIGNATURE/DATE: