

**Return this form to:**  
Office of Financial Aid  
For Federal Work-Study  
Business Office  
For Institutional Work-Study

## Request for: Work-Study Semester Break/Make-Up Hours

Student Name:	Student ID#:
Phone Number:	Date of Birth:

Eligible Work-Study (WS) students may work during semester breaks or work outside of regular scheduled hours to make-up previously missed hours. Approval is needed by their supervisor **and** the WS Coordinator **before** a student can begin working. **Work-Study students must be supervised at all times.**

**Type of Request/Reason:** Check all that apply.

Semester Break  
Department Help: \_\_\_\_\_

Make-Up  
Missed Hours: \_\_\_\_\_  
Begin Date                      End Date

\_\_\_\_\_ Begin Date                      End Date

Total Hours Requested: \_\_\_\_\_

Department (Dept#): \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

When a decision has been made, a copy of this completed form will be emailed to the student, their supervisor, and their department head.

**WS Coordinator Use Only:**  **Approved**  **Denied:** \_\_\_\_\_

**Remaining for the semester:** Hours: \_\_\_\_\_

**Approved for Break/Make-up:** Hours: \_\_\_\_\_

\_\_\_\_\_  
**WS Coordinator Signature**

\_\_\_\_\_  
**Date**