



Graduate Student Employee Workload Exception Request

Submission of this form is required for Graduate Student Research (GRA), Teaching (GTA), or Service (GSA) Assistants who are requesting a waiver to the Board of Regents policy that prohibits working in excess of 20 hours per week or 40 hours per pay period. This form must be completed and signed by all requested parties before any exceptions will be considered.

IMPORTANT NOTE: Foreign nationals on temporary student visas (F-1 or J-1) are not permitted to work more than 20 hours per week while classes are in session and, therefore, are not eligible for a workload waiver.

Name: _____ Student ID # _____

Email: _____ Phone: _____

I am/will be (check all that apply): If you have more than one position, please select all applicable options and note the number of hours you will be working for each.

- Research Assistant working ___ per week
- Teaching Assistant working ___ per week
- Service Assistantship working ___ per week

I am requesting a waiver to the maximum workload policy established for student employment and am seeking permission to work _____ additional hours per week for a total combined hours per week of _____ (not to exceed 40) for the duration of my assistantship(s) and/or other employment. I understand that if my TA appointment, RA appointment, or SA appointment, or regular student employment changes I will need to resubmit this form.

(Note: FICA taxes for Social Security and Medicare will be withheld from all wages if student employment regularly exceeds 20 hrs/wk). Students working in multiple UA assignments where one or more is non-exempt (hourly), must be classified as non-exempt for ALL assignments and timesheets for each will be required.)

In the space below, explain how you will ensure that there will not be any negative effect on your assistantship position or the pursuit of your degree.

Student Employee Signature: _____ Date: _____

Committee Chair/Advisor (Printed Name):	Approved	Disapprove
Signature	Date:	
Department Chair/Director (Printed Name):	Approved	Disapprove
Signature	Date:	
College Dean or Institute Director (Printed Name):	Approved	Disapprove
Signature	Date:	
Graduate School Dean or Designee (Printed Name):	Approved	Disapprove
Signature	Date:	