

REQUEST TO ALTER WORK SCHEDULE / SUBSTITUTE FORM

Student employees are allowed to work NO MORE than twenty hours per week during the fall and spring Semesters. Students are asked to adhere to their agreed work schedule. When there are seasonal demands from the Office of Multicultural Student Life, or the unique nature of being a student might require the student make adjustments to their work schedule, the following form is to be completed **AT LEAST 48 HOURS IN ADVANCE**. You are required to email the Program Resource Specialist regarding your request to take time off or change your schedule. You are also required to email your co-workers, to find a substitute for the shift(s) you will be missing. Simply emailing does not guarantee that the shift will be taken nor does it relieve you of your responsibility for that shift. After three absences due to extracurricular activities, your shift may be permanently awarded to another student worker.

For a student to be permitted to work more than they have been scheduled and/or to alter their assigned work hours, one of two procedures must be followed:

- 1) If a student needs to alter their work schedule, he/she must complete this form. Once it has been signed by the student and direct supervisor, it is to be forwarded to the Program Resource Specialist for review, and final approval by the Director, if a permanent change is requested.
- 2) If a student is asked to work additional hours, this form is to be completed by the student and signed by the direct supervisor, then sent to the Program Resource Specialist for review and final approval by the Director.

Under no circumstances should a student worker be permitted to work more than their assigned work schedule and/or alter work schedule without approval. **Failure to get prior approval will result in no pay.**

All fields should be filled out, or request will be rejected. If a field doesn't apply, write N/A

Student name: _____

Date of conflict: _____ Time of conflict: _____

Employee Category (Check One): Customer Relations Assistant Program Assistant
 Building Assistant Academic Support Assistant Program Assistant Special Assignment Assistant Marketing Assistant

Semester (Check one): Fall Spring Summer I Summer II

REASON FOR NOT WORKING SCHEDULED SHIFT:

IF ANOTHER WORKER IS COVERING SHIFT:

Name of Student Assistant covering shift: _____

Shift to be covered (day/time) _____

REQUEST TO WORK ADDITIONAL HOURS:

Working at event:

Event name _____

Date and time _____

REQUEST TO PERMANENTLY ALTER WORK SCHEDULE

Current work schedule (day/hours) _____

Change requested (day/hours) _____

Justification for altering work schedule or working additional hours: _____

Student's Signature and Date

Student Covering Shift's Signature and Date

Supervisor's Signature and Date

Director's Signature and Date (required for permanent schedule change)

Comments: _____
