

**Request for Exemption From One-Position Limit**

**APPROVAL REQUIRED PRIOR TO BEGINNING WORK ON ANY SECOND JOB**

Hofstra University's policy prohibits student employees from working more than one position in a semester and from working more than a total of 25 hours per week\*. Student employees—other than those holding Graduate Assistantships—may appeal for approval to work a second position so long as: (1) the cumulative number of weekly hours worked does not exceed the maximum permitted amount; (2) students and respective department heads complete all parts of this form; and (3) students demonstrate Exceptional Circumstances (e.g. a Secondary Position that is once-a-month or -semester). Completed requests are to be submitted to Office of Student Employment ("OSE") located in the Human Resources Center, North Campus. OSE will respond to requests for exemptions upon submission of all required information and reasonable processing time.

Student name: \_\_\_\_\_ Student Hofstra ID #: (70) \_\_\_\_\_

Term for which the exemption is requested (please circle one): fall, spring, summer of \_\_\_\_\_

Please describe the exceptional circumstance(s) involved in your request for an exemption (note, the desire for extra income is not an exceptional circumstance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please outline your primary position on campus:**

Position title: \_\_\_\_\_ Department: \_\_\_\_\_ Org: \_\_\_\_\_

Location: \_\_\_\_\_ FWS? Yes or No International? Yes or No

Maximum # hours to be worked per week: \_\_\_\_\_

***For department head to fill out:***

I acknowledge that my department shall monitor student's maximum weekly hours listed above and ensure compliance.

Department head's name: \_\_\_\_\_ Title: \_\_\_\_\_

Department head's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please outline the secondary position on campus you wish to have approved:**

Position title: \_\_\_\_\_ Department: \_\_\_\_\_ Org: \_\_\_\_\_

Location: \_\_\_\_\_ FWS? Yes or No International? Yes or No

Maximum # hours to be worked per week: \_\_\_\_\_

***For department head to fill out:***

I acknowledge that my department shall monitor student's maximum weekly hours listed above and ensure compliance.

Department head's name: \_\_\_\_\_ Title: \_\_\_\_\_

Department head's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, I agree that I will not exceed the maximum permitted hours per week that I have listed above for each respective position. I agree to inform both my supervisors and the OSE of any changes to my work week hours. I understand that I cannot work more than the maximum number of hours per week in each listed position indicated on this form. I must submit hours worked for both positions in a timely manner in accordance with Student Employment policies, of which I am aware. I acknowledge that the failure to abide by these terms may result in disciplinary action, including but not limited to, termination from employment.*

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

\* Federal Work Study and International students may only work up to 20 hours a week. All student employees may work up to 35 hours per week during summer and January session.

Human Resources Use Only

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date