



Department: _____

Student's Name: _____

UID:

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Hourly Rate Requested: _____

Job Duties & Responsibilities of Position for Which Exception is Requested

Qualifications of Student (include education, work experiences, etc.)

Approval

Employee Signature Date

Supervisor Signature Date

Assistant Vice President Signature Date University Human Resources

Instructions: Send one copy of the approved form to the University Human Resources Department and retain one copy at department level.