



Work Hours Exception Form for ACA

STUDENT INFORMATION

Student ID#: _____ Student Name: _____ Date: _____

Current Department and Hours Worked Per Week: _____

Department Requesting Exception: _____

Supervisor Requesting Exception: _____

Requestor's Email: _____ Requestor's Phone Number: _____

Extra Hours Per Week Requested:	Fall Semester August-December	Spring Semester January-May	Summer May-August	Funding Source to be Charged:
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Justification for
Request:

I endorse the student's ability to work the additional hours requested while maintaining satisfactory academic progress and existing assistantship responsibilities. I understand that by endorsing this exception, if the student becomes eligible and enrolls in the ACA health plan, my department may be billed monthly for the employer cost of the health insurance for the duration of eligibility.

Requesting Supervisor's Signature: _____ Printed Name: _____

Committee Chair/Academic Advisor Signature: _____ Printed Name: _____

Current Assistantship Supervisor's Signature: _____ Printed Name: _____

PI's Signature, if payment from grant funds: _____ Printed Name: _____

Submit completed form to: The Graduate School, Attn: Heather Mitchell, 241 Mossman

Building IPC Authorization, if required: _____ Date: _____

Graduate School Authorization: _____ Date: _____

Comments: