

**Over-time and Holiday Work
Request Form**

1. Name of Student Employee(s):

2. The Student Employee(s) are requested to work:
Over-time or Holiday Time (circle one)

3. Dates and times that that above named Student Employee(s) are requested to
work Over-time or Holiday Time: (Be specific)

4. Reason why student(s) is/are requested to work over-time or on a College
observed Holiday:

5. Is the presence of the above named Student Employee(s) necessary for the
basic operation of business? Yes or No (circle one)

Supervisor Signature: _____ Date: _____

For Student Employment Office Use Only

Date Request Form Received: _____

Request Approved or Denied: _____