

## **Metropolitan State University of Denver Student Employment - Exception Form**

This form is for students who are not enrolled in classes and have been requested to work over 30 hours a week. For those students, a supervisor signature and a department director/chair are required (AVP/VP/Dean signature is optional). For students enrolled in classes, both the supervisor and a department AVP/VP or Dean signature is required.

REQUESTS WILL EXPIRE AT THE END OF EACH SEMESTER

II. Employee Information Employee Name (Last, First) Employee 900#  Please fill out this section only when requesting over 30 hours a week when the section of the section	Enrolled at:  MSU Denver UCD CCD Other
Please fill out this section only when requesting over 30 hours a week wh	
	ile a student is taking classes
Amount of credit hours student is enrolled in: Current GPA:	Completion Rate:
	e indicate approximately how many hours a are working at the other job:
III. Department Information	
Department Superviso	r Name
Phone # Building a	nd Room Number
<ul><li>B. Semester and Year</li><li>C. Description- Please provide a more detailed description of the reneeded)</li></ul>	ason for the exception (attach separate paper if
V. Exception Specifics  1. Requesting Hours per week  2. How often will the employee be w	
<b>VI. Signatures</b> (Appropriate signatures must be obtained for this form to be co Office of Human Resources for instructions regarding this form)	mplete/ Off-Campus supervisors please contact the
Supervisor:	
Chair/Director:  AVP/VP/Dean:	Date: Date: