

STUDENT/PART-TIME FACULTY INFORMATION

Student or Employee ID: _____ Current weekly work hours: _____

Graduate Student Undergraduate Student Part-time Faculty

Student or Employee Name: _____

Department Requesting Exception: _____

Person Requesting Exception: _____ Requestor's Phone Number: _____

Requestor's Email: _____

Total Work Week Hours Requested: _____ Fall Semester August-December Spring Semester January-May Summer May-August

Requestor Signature: _____ Date: _____

APPROVAL

Dean Vice Chancellor

I hereby give my approval for this exception in work hours for the student/part-time faculty listed above to work beyond the University Guidelines. I understand that by approving this exception, if the student/part-time faculty becomes eligible and enrolls in the ACA health plan, the department will be billed monthly for the cost of the health insurance for the duration of eligibility.

Signature: _____ Date: _____

Printed Name: _____

Submit completed form to HR Benefits:

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528

Physical Address:
Administrative Services II
2711 Sullivan Dr., Suite 200