

Undergraduate Student Work Limit Overload Petition

(Request to work at Lehigh more than 20 hours per week during an academic semester)

A student's academic success is Lehigh University's first consideration in establishing student workload policies and making exceptions to those policies. Lehigh limits students' **paid work to 20 hours per week** during the semester. Thus, the Lehigh workload should average **no more than 20 hours per week** during an academic semester.

For semesters in the academic year, students may petition the Dean of Students (or designee) to exceed the 20-hour standard limit and work up to 25 hours per week. Students must be compensated for this additional work, and they must record their work hours on their biweekly time sheets.

Note: During a summer or winter intersession, a student may work up to 40 hours per week if the student (1) is registered for classes in each semester of an academic year, and (2) works not more than an average of 20 hours per week during these semesters, and (3) is not enrolled in courses during that summer or winter intersession.

Student Information				
Name:			LIN:	
College:			Major(s):	
Phone Number:			Email Address:	
Semester and year when requested work overload would occur:		Fall semester of _____ (year)	Class Year	
		Winter intersession of _____		
		Spring semester of _____		
		Summer session of _____		

Academic Information

Please provide your academic standing (good standing, probation, suspension), and describe your progress in your course of study and your planned course load for the requested overload semester.

Please provide any additional information about your academic progress that you believe would be helpful for the dean to consider when reviewing your petition. This might include information about your schedule during the requested overload semester, how you expect to manage your academic and employment responsibilities, and any special circumstances you might have.

Information about Work Assignment(s)

Please list the relevant information for each work assignment you expect to hold; place where you work, work title or duties, and hourly commitment for each position during the overload semester. Please include both on-campus and off-campus jobs; attach an additional sheet for additional positions if necessary.

	Primary Work Assignment	Additional Work Assignment
Lehigh unit name and office (e.g., Lehigh Chemistry Dept):		
Your work title/duties:		
Commitment in hours per week:		
Supervisor name:		
Supervisor email:		
Supervisor phone #		
Any other work-related info you feel the dean should know:		



If necessary, the student should attach additional sheet(s) with information about any other on-campus or off-campus work assignments.



Signature & Confirmation

By signing below, I confirm that the information above is accurate to the best of my knowledge.

Undergraduate Student Signature

Date Signed



Submit this form, with attachments of information about any additional jobs, **and** the completed endorsement forms from your primary supervisor and secondary supervisor(s), to the Dean of Students Office.



DEAN OF STUDENTS ACTION

Request approved

Request denied

Signature:		Date:	
Comments:			

Undergraduate Student Work Limit Overload Petition Primary Supervisor Recommendation Form

STUDENT NAME: _____ LIN: _____

PRIMARY ON-CAMPUS SUPERVISOR ACKNOWLEDGEMENT AND ENDORSEMENT:

I have reviewed the attached petition for an overload and my recommendation is:

Approve the request

Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Primacy of Undergraduate Studies:	I understand that if I recommend approval and the petition is approved, I am agreeing to monitor the student's academic progress to ensure that the additional work does not negatively affect his or her studies, and that the hours worked in this office do not exceed the number indicated on this form.		
Health Care Eligibility:	I further understand that if working in this position for me, <i>in addition to any existing work responsibilities</i> , causes this student to exceed a total hourly work limit of 29 hours per week at Lehigh , I expect my office will be responsible for paying the full cost of the subsidy for the health insurance Lehigh would subsequently be required to offer this student, provided he/she accepts such coverage.		
Signature:		Date:	
Printed Name:		Title:	
Department:			



Return this completed form to the student, who will submit this form and the original petition to the Dean of Students Office.



Undergraduate Student Work Limit Overload Petition Secondary Supervisor Recommendation Form

STUDENT NAME: _____ LIN: _____

SECONDARY ON-CAMPUS SUPERVISOR ACKNOWLEDGEMENT AND ENDORSEMENT:

I have reviewed the attached petition for an overload and my recommendation is,
 Approve the request Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Primacy of Undergraduate Studies:	I understand that if I recommend approval and the petition is approved, I am agreeing to monitor the student's academic progress to ensure that the additional work does not negatively affect his or her studies, and that the hours worked in this office do not exceed the number indicated on this form.		
Health Care Eligibility:	I further understand that if working in this position for me, <i>in addition to any existing work responsibilities</i> , causes this student to exceed a total hourly work limit of 29 hours per week at Lehigh , I expect my office will be responsible for paying the full cost of the subsidy for the health insurance Lehigh would subsequently be required to offer this student, provided he/she accepts such coverage.		
Signature:		Date:	
Printed Name:		Title:	
Department:			

Return this completed form to the student, who will submit this form and the original petition to the Dean of Students Office.
