

Graduate Student Work Limit Overload Petition

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

Because students enroll at Lehigh University with the primary purpose of completing an academic course of study, a student’s academic success is the University’s first consideration in establishing student workload policies and making exceptions to those policies. Lehigh University limits students’ **paid work to 20 hours per week** during the semester. While some graduate students working at Lehigh are paid on an hourly basis, most graduate students are employed in RA/GA/TA positions calling for 20 hours of work per week. Thus, the Lehigh workload should average **no more than 20 hours per week** during an academic semester.

The policies for summer and winter intersessions are a bit different: If a student (1) is registered for classes in each semester of an academic year, and (2) works an average of 20 hours per week during these semesters, and (3) is not enrolled in courses during the winter intersession or the summer, that student may work full time (40 hours per week) during the winter intersession and the summer.

For semesters in the academic year, students may petition 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 time sheets each week.

Graduate student work overload petitions must be approved by the graduate associate dean in the student’s home college.

Student Information

Name:		LIN:	
College:		Department:	
Phone Number:		Email Address:	
When requested work overload would occur:	<input type="checkbox"/>	Fall semester	Year
	<input type="checkbox"/>	Winter intersession	
	<input type="checkbox"/>	Spring semester	
	<input type="checkbox"/>	Summer session	

Academic Information



Please identify your academic standing (good standing, probation, suspension) and where you are in your program of study (just beginning, half-way through, near end), along with your status in terms of degree milestones (such as thesis, general examination, comprehensive examination, dissertation proposal, submission of final document and defense). Describe 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.

Graduate Student Signature

Date Signed

 Submit this form, with attachments of information about any additional jobs, to your College graduate associate dean's office. 

Graduate Student Work Limit Overload Petition Recommendation/Approval Form

NOTE: BY UNIVERSITY POLICY, GRADUATE STUDENTS MAY NOT WORK MORE THAN 25 HOURS PER WEEK. REQUESTS TO GO ABOVE THAT LEVEL SHOULD NOT BE APPROVED.

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 Graduate 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.		
Signature:		Date:	
Printed Name:		Title:	
Department:			

SECONDARY ON-CAMPUS SUPERVISOR (ADDITIONAL HOURS) ACKNOWLEDGEMENT & RECOMMENDATION

After reviewing the attached petition for an overload, my recommendation is,

Approve the request Deny the request

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

Primacy of Graduate 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:			



If necessary, attach additional sheets for additional supervisor recommendations and signatures for any additional positions on campus.



NOTE: BY UNIVERSITY POLICY, GRADUATE STUDENTS MAY NOT WORK MORE THAN 25 HOURS PER WEEK. REQUESTS TO GO ABOVE THAT LEVEL SHOULD **NOT** BE APPROVED.

STUDENT NAME: _____ LIN _____

ACADEMIC ADVISOR ACKNOWLEDGEMENT AND RECOMMENDATION

After reviewing the attached petition for an overload, my recommendation is,

Approve the request Deny the request

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

Primacy of Graduate 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. If I determine that the additional work hours are negatively affecting the student's studies, I will contact my department chair or director of graduate studies and discuss this with the student's campus supervisor(s).		
Signature:		Date:	
Printed Name:		Title:	
Department:			

DEPARTMENT CHAIR (OR DESIGNEE) ACKNOWLEDGEMENT AND RECOMMENDATION

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.

Health Care Eligibility:	I understand that if working in this position, <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 , and the responsible supervisor listed above proves unable to pay 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, my office may be responsible for covering this cost.		
Signature:		Date:	
Printed Name:		Title:	
Department:			

This form, with all information and signatures attached, should be returned to the graduate associate dean's office of the student's College.

COLLEGE ACTION

Request approved Request denied

Signature:		Date:	
Comments:			