



**REQUEST FOR PRIOR APPROVAL OF EXTRA SERVICE COMPENSATION  
(for supported graduate students only)**

Student Employee's Name: \_\_\_\_\_

Student Employee's Person Number: \_\_\_\_\_

Is Student Employee on F-1 or J-1 Visa Status? Yes \_\_\_\_\_ No \_\_\_\_\_

Official State, RF or UBF Title of Primary Appointment: \_\_\_\_\_

Department/Unit of Primary Appointment: \_\_\_\_\_

Department/Unit of Extra Service Appointment: \_\_\_\_\_

Type/Nature/Purpose of Extra Service for which Approval is Requested:  
\_\_\_\_\_

Period/Duration of Extra Service: \_\_\_\_\_

Total Amount of Extra Service Compensation: \_\_\_\_\_

Will Total Work Effort/Obligation (Primary and Extra Service Appointments combined) exceed 20 hours per week? Yes \_\_\_\_\_ No \_\_\_\_\_

**REQUIRED APPROVALS: (Print name and add original signature in all cases)**

\_\_\_\_\_  
(Chair/Director of Primary Appointment Unit) Date: \_\_\_\_\_

\_\_\_\_\_  
(Chair/Director of Extra Service Unit) Date: \_\_\_\_\_

Through our signatures above, we attest that the extra service assignment herein described is separate from, and in addition to, the duties/responsibilities of this student's primary appointment and will not interfere with the discharge of the primary appointment. We also acknowledge that under federal law, international students on F-1 or J-1 visa status may not work more than a total of 20 hours per week while school is in session.

Unless otherwise indicated above, we attest that this employee's total employment effort/obligation (i.e., the combination of his/her primary and extra service appointments) will not exceed 20 hours per week during the Fall and/or Spring semesters.

\_\_\_\_\_  
(Chair of Student's Academic Department) Date: \_\_\_\_\_

\_\_\_\_\_  
(Academic Dean of Student's College/School) Date: \_\_\_\_\_

\_\_\_\_\_  
(The Graduate School) Date: \_\_\_\_\_