THREE JOB MEMO – STUDENTS WORKING THREE JOBS

Students working three jobs cannot exceed the maximum number of hours indicated in the table below while working all positions. Departments will be charged 100% excess for work study students who exceed the maximum weekly work hours allowed.

Maximum work hours allowed for students per work week (Saturday through Friday):

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Intersession*</th>
<th>Spring</th>
<th>Summer*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Students</td>
<td>28</td>
<td>28*</td>
<td>28</td>
<td>28*</td>
</tr>
<tr>
<td>International Students</td>
<td>20</td>
<td>28*</td>
<td>20</td>
<td>28*</td>
</tr>
</tbody>
</table>

* During the summer session & winter intersession, students may work up to 28 hours per week (with department approval) if they meet the following requirements:

1) **Completed** six (6) credit hours at UNM for the previous semester (fall for Intersession or spring for the summer semester), and
2) Enrolled in at least six (6) credit hours at UNM for the upcoming semester (spring for Intersession and fall for the summer semester)

I am aware that the above student is working for three departments. I understand that he/she cannot exceed the maximum hours per week allowed for students for the semester that they will be employed. The number of hours the student will work is ____ hours per week (work week is Saturday through Friday).

Primary Department Name: Department Name  Org #: _______________________
Supervisor Name: Supervisor Name  Signature____________________________ Date_______

I am aware that the above student is working for two other departments. I understand that he/she cannot exceed the maximum hours per week allowed for students for the semester that they will be employed. The number of hours the student will work is ____ hours per week (work week is Saturday through Friday).

Secondary Department Name: Department Name  Org #: _______________________
Supervisor Name: Supervisor Name  Signature____________________________ Date_______

I am aware that the above student is working for two other departments. I understand that he/she cannot exceed the maximum hours per week allowed for students for the semester that they will be employed. The number of hours the student will work is ____ hours per week (work week is Saturday through Friday).

Tertiary Department Name: Department Name  Org #: _______________________
Supervisor Name: Supervisor Name  Signature____________________________ Date_______

Student Statement:
I agree to adhere to the number of hours per week that are listed above for each department. I understand that exceeding the maximum hours allowed will result in the termination of each assignment.

Student Signature____________________________________ Date__________

(Office Use Only)
Student Employment Office Approval ___________________________ Date__________