

**UNIVERSITY OF NEW MEXICO
STUDENT EMPLOYMENT OFFICE
THREE JOB MEMO**

Student Name	UNM ID

Students working two jobs cannot exceed the maximum number of hours indicated in the table below while working both 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):

Student Type	Fall	Interession*	Spring	Summer*
Domestic Students	28	28*	28	28*
International Students	20	28*	20	28*

*During the summer session and winter interession, 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 interession or Spring for the Summer semester) and,
2. Enrolled in at least six (6) credit hours for the upcoming semester at UNM (Spring for interession and Fall for the Summer semester)

I am aware that the student named above is working for two departments. I understand that he/she **cannot** exceed the maximum hours per week allowed for students.

The number of hours the student will work up to is ____ hours per week for the **primary** position.

Primary Department Name	Org #	Position # and Suffix

Supervisor Name: _____ Signature _____ Date _____

I am aware that the student named above is working for another department. I understand that he/she is working up to ____ hours per week at the **primary** position and **cannot** exceed the maximum hours per week allowed for students.

The number of hours the student will work up to is ____ hours per week for the **secondary** position.

Secondary Department Name	Org #	Position # and Suffix

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.

The number of hours the student will work up to is ____ hours per week for the **tertiary** position.

Tertiary Department Name	Org #	Position # and Suffix

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 all three jobs.

Student Signature _____ Date _____

Student Employment Office Approval _____ Date _____