

Class Cancellation Form Work Study Program

Student Name:	
Supervisor:	
Pay Period Dates:	____ / ____ / ____ to ____ / ____ / ____
Class Title:	
Class Number:	
Class Date:	____ / ____ / ____
Class Time:	____ : ____ AM/PM
Name of Instructor:	
Instructor's Signature:	
Student Signature:	

Work study student employees are not allowed to work during scheduled class hours unless the class has been cancelled. If your class has been cancelled you can choose to work during that time, you are responsible for noting this on your time sheet and submitting the Class Cancellation Form with your time sheet. Failure to submit this form with time sheet will result in hours not being compensated. Remember not to exceed the maximum allowed weekly hours.