

**REQUEST FOR EXCEPTION
TO EXCEED 29-HOURS PER WEEK MAXIMUM
FOR GRADUATE ASSISTANTS**

Effective January 1, 2015, the Patient Protection and Affordable Care Act (PPACA) requires the university to offer health care coverage to employees who average 30 or more hours of work per week over a set measurement period.

The following are PPACA guidelines that the university has developed for the type of position designated below:

Graduate/Doctoral Assistants: Closely monitor work assignments to ensure graduate/doctoral assistants do not work more than 29 hours per week.

If an exception is granted to exceed the university's 29-hour rule, the department is responsible for covering the cost of health insurance coverage (medical, prescription, FSA and HSA) for the employee and dependent children; and the department must work with the Budget Office.

Please list the name of the person to be hired: _____ BSU ID #: _____

Type of Employee: (Please check appropriate line.)

Graduate Assistant _____ Doctoral Assistant _____

Type of Assignment: (Please check appropriate line.)

10 Hours of work per week _____ 20 Hours of work per week _____

Position Information:

Job Title: _____ Position #: _____

Department: _____

Dates of Employment: Begin: _____ End: _____

Position Funding: If the benefits (if applicable) for this position are being funded by a grant, what is the begin and end date for the grant?

Begin date of grant: _____ End date of grant: _____

Justification for Exception:

Please explain why the position cannot be limited to a maximum of 29 hours per week.

Length of exception requested: _____

Has this person been employed at the university in the last 12 months in any capacity? Yes _____ No _____

If Yes, please list the titles and dates of employment for the last twelve months for this person.

Requestor—Please print. Requestor--Signature Date

Exception recommended: Yes _____ No _____
Health Care Eligible: Yes _____ No _____ Length of Exception Recommended
Why/Why Not HC Elig: _____

Director of Human Resources--Signature OR Director of Employee Relations//AA--Signature

Dept. Chair./Dir.—Please print. Dept. Chair./Dir.—Signature Date

Dean/Admin. Hd.—Please print. Dean/Admin. Hd.--Signature Date

If a grant,

Principal Investigator—Pl. print. Principal Investigator—Signature Date

Sponsored Programs Admin.—Sig. Date

For use in Human Resources:

Exception granted: Yes _____ No _____ Length of Exception granted _____

Associate Vice President for Human Resources & Administrative Services

Vice President of Area—Signature Date

Please return completed signed form to Director of Employee Relations/AA. (285-1823)