



# MADISON COLLEGE FINANCIAL AID

## SAP Employer Required Schedule Changes

### STUDENT INFORMATION

**INSTRUCTIONS** - Complete the Student Information section. Give this form to the employer you listed on your appeal to complete and sign. This form must be submitted by the following **deadlines**: Fall term - third Monday in November, Spring term - third Monday in April and Summer term - third Monday of the term.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

### EMPLOYER INFORMATION

**INSTRUCTIONS** - Your employee is a student at Madison College and is working with the Financial Aid Office for reinstatement. Their appeal indicates there was a required work schedule change and if they did not oblige, their employment would have been terminated. All questions must be answered below. If the form is incomplete or missing information, the student's appeal may be denied for insufficient information. For assistance, contact the Financial Aid Office at (608)246-6170.

Employer: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

Was the employee **required** to change their schedule in order to remain employed?  Yes  No

When was the notice given? \_\_\_\_\_ What was the effective date of the change? \_\_\_\_\_

What was the employee's schedule **before** the change?

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
To:	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM

What was the employee's schedule **after** the change?

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
To:	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM

Is the student currently employed?  Yes  No

If no, what is the last date of employment? \_\_\_\_\_

If yes, is the schedule the same as above?  Yes  No If no, enter current schedule in comments below.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

*By signing below, I agree that the above information is true and correct. I understand that I may be contacted if additional information is needed.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMPLOYER SUBMISSION INSTRUCTIONS** - Please print, sign and send completed form to the Madison College Financial Aid Office by fax at (608) 243-4245 or by mail to Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704. For assistance, contact the Madison College Financial Aid Office at (608)246-6170.