

**REQUEST FOR EXCEPTION  
TO EXCEED 29-HOURS PER WEEK MAXIMUM  
FOR CONTRACT SEMESTER FACULTY, PART-TIME AND/OR TEMPORARY POSITIONS**

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 positions designated below:

**Contract Semester Faculty:** Closely monitor course loads to ensure contract semester faculty do not teach more than a 9 credit hour load during any semester. Additional or secondary assignments cannot be approved without prior permission from the Provost. If approved by the Provost, such assignments may not exceed 2 hours per week.

**Other Part-Time Positions:** Closely monitor work hours to ensure work hours are limited to an average of 29 hours per week.

**Temporary Positions:** Closely monitor work assignments to ensure work hours are limited to 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.)

Contract Semester Faculty \_\_\_\_\_ Professional \_\_\_\_\_ Exempt Staff \_\_\_\_\_

Non-Exempt Staff \_\_\_\_\_ Service (BU) \_\_\_\_\_ Service (NBU) \_\_\_\_\_

**Type of Assignment:** (Please check appropriate line.)

Semester \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

**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: \_\_\_\_\_

OR

\_\_\_\_\_  
Director of Human Resources-Signature

\_\_\_\_\_  
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—Please 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)

HR-175; 2/2017