

REQUEST FOR GRADUATE STUDENT ASSISTANCE

(Reader, Research Assistant, Projectionist, other)

Faculty Name: _____

Type of appointment needed: Reader Graduate Research Assistant Projectionist

Other Explain: _____

If this is a Reader, fill in Course: _____ Qtr. _____ Enrollment: _____

Funding Source: Department Other Explain: (e.g. grant) _____

If this is not a reader position, please enter:

Begin appt: _____ End appt. _____
month/date/year month/date/year

Approximately how many hours will they be working for you? _____

Do you have a student(s) in mind? If so, list the name(s) in order of preference. If not, we will assist you with the selection based on the student's fields & need. Indicate if you want 1 or 2 students for your class.

Student Name: _____

Student Name: _____

Student Name: _____

Comments: _____

Please submit your request to Tina Feldmann for appropriate routing.

DEPARTMENT USE ONLY

Graduate Division Approval: _____

Department Approval: _____

Payroll:

Title: _____ TitleCode _____ HourlyRate _____
(Reader non-GSHIP, T.C. 2851, GSR Non-GSHIP, T.C 3266)

% appt. _____ Step _____ Pay Schedule (circle one) MO or MA

FAU:

Account \ Activity \ Fund \ Function \ CC \ PC

Routing:

Tina Feldmann _____ Susan Brown _____ Rosie Mamaril _____