



Office of Graduate Studies
GRADUATE ASSISTANTSHIP EMPLOYMENT FORM

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ G-Number: \_\_\_\_\_
LAST FIRST MI

Student's Address: \_\_\_\_\_
Street/P.O. Box City State Zip Code

Employment Period: From \_\_\_\_\_ To \_\_\_\_\_
MM/DD/YY MM/DD/YY

Table with 3 columns: BUDGET CODE, MONTHLY RATE/HOURLY RATE, TOTAL TO BE PAID

DEPARTMENT WHERE STUDENT WILL WORK: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_
LAST FIRST MI

Is the student currently employed off campus? \_\_\_\_\_ YES \_\_\_\_\_ NO
(if currently employed off campus, list place of off- Campus Employment: \_\_\_\_\_).

REQUESTED BY: (Name of requesting Department's authorized representative):

NAME

TITLE

APPROVALS:

DEAN/EX. DIRECTOR OF GRADUATE SCHOOL DATE

BUDGET OFFICER DATE

VP & PROVOST - ACADEMIC AFFAIRS DATE

Attach the job description which clearly details the nature of work to be performed. The assistantship employment form will not be processed without the job description.