

## **GRADUATE ASSISTANT HIRE FORM**

NAME:									
	First	Middle					Last		
ADDRESS:	Street						Apt.		
	State				Zip Code				
BANNER ID I	TELEPHONE #:								
WCSU E-MA					(WCSU Email needed for CORE-CT)				
DEPARTMENT INFORMATION									
SEMESTER:	Fall	Spring	YEAR:	(	GRADUAT	e Assist	ANT FIRST TIME	RENEWAL	
POSITION: DEPARTMENT:									
STUDENT A	OMITTED TO DE	GREE PR	OGRAM	I AT WCSU:	YES	NO			
STIPEND PER	R SEMESTER:								
\$4,800 max. \$2,400 max. \$1,800 max. \$1,200 max 20 hrs. 15 hrs. 10 hrs. 5 hrs.				\$1,200 max. 5 hrs.		ART DATE* END DATE *Employee may not start working until approved by Human Resources			
RESUME ATT	ACHED (FIRST 1	TIME GRA	DUATE	ASSISTANT)					
DEPARTMENT CHAIR/SUPERVISOR APPROVAL:						DATE:			
ACADEMIC AFFAIRS VERIFICATION									
APROVAL: DA									
TITLE:									
HUMAN RESOURCES									
CONFIRMATION FROM GRADUATE ADMISSIONS				ONS	JOB DESCRIPTION				
BACKGROUN	ID CHECK MATE	RIALS SU	BMITTE	ED:					
APPROVED BY HUMAN RESOURCES:					DATE:				
		FIN/	ANCIAL	PLANNING A	AND BUD	GET OFF	ICE		
BUDGET NAN FUND #: ORG #: ACCOUNT #: PROGRAM #:		E ASSISTA	NTSHIP	PROGRAM					
APPROVED BY BUDGET OFFICE:							DATE:		