

The following information is needed to process student compensation in a timely manner.

PLEASE RETURN THIS FORM TO JACOBS ROOM 117

STUDENT NAME: First Name: _____
 Last Name: _____
 Email Address: _____
 Person Number: _____

DESCRIPTION OF WORK:

Grading
 Research support/Summer research
 Other (explain) _____

DOES THIS STUDENT HOLD A CURRENT APPOINTMENT NOW OR WITHIN THE PAST YEAR?

Please choose: No Yes If yes, where: _____
 Payroll title: _____

TIME FRAME OF WORK: Fill in the semester OR the beginning and ending dates.

Semester(s) to be covered: _____
or
 Beginning date: _____
 Expected end date: _____

COMPENSATION FOR TIME PERIOD:

A. Rate per hour: Lump sum payment:
 B. Maximum hours to be worked: *or* ****A lump sum payment is **only** available
 *SA's cannot work over 20 hrs/week. for students who hold a **current TA/GA**
 appointment****
 (AxB) = Total maximum pay:

PROFESSOR FOR WHICH THE STUDENT IS WORKING:

Supervisor Name: _____
 Supervisor Signature: _____
 Account to be Charged: _____
 Chairperson Signature: _____