

REQUEST FOR EXTRA EMPLOYMENT FOR GRADUATE ASSISTANT

Request must be approved by the Graduate School prior to work beginning

To be completed by the **graduate assistant**:

Name _____ Employee ID _____

Assistantship Department/Unit _____ Assistantship hours per week _____

Assistantship Appointment Dates: from ____ / ____ / ____ to ____ / ____ / ____

To be completed by department or other unit requesting extra employment (paid via extra compensation):

Department/Unit _____

Start Date of Extra Employment ____ / ____ / ____ End Date of Extra Employment ____ / ____ / ____

Requested dates of extra employment cannot be outside of assistantship appointment dates.

Maximum hours per week requested _____

Required Duties _____

Employment Supervisor's Signature _____ Date _____ Printed Name and Title _____

To be completed by department or other unit in which assistantship is held:

Approval is granted / denied (**circle one**) for the above-named student's request for extra employment beyond his/her assistantship duties.

Days and # of hours GA works assistantship (ex. Wednesdays--4 hours): _____

Supervisor _____ Date _____ Printed Name and Title _____

To be completed by student's major department:

Approval is granted / denied (**circle one**) for the above-named student's request for extra employment. If granted we certify the student is in good academic standing and this employment should not interfere with the student's academic progress.

Academic Advisor _____ Date _____ Department Chair or Graduate Director _____ Date _____

Graduate School:

Approval is granted / denied (**circle one**) for the above-named student's request for extra employment.

Approved dates of extra-employment

- Same as above
- Specified ____ / ____ / ____ to ____ / ____ / ____

Approved **maximum** hours per week: _____

Dean _____ Date _____