Questrom School of Business

STUDENT ASSISTANTSHIP FORM

(CURRICULUM SUPPORT or RESEARCH)

Note: ALL sections of this form must be completed. Incomplete forms will be returned.

EMPLOYEE PERSONAL INFORMATION

ARE YOU: ☐ Undergraduate ☐ Graduate ☐ Doctoral

WORK AUTHORIZATION STATUS: ☐ U.S. Citizen/Permanent Resident

☐ Visa - Country of Citzenship: _____

WORKED ON CAMPUS BEFORE? ☐ Yes ☐ No**

**Please contact the Sr. Payroll Coordinator for additional hire paperwork

Last Name	First Name	BUID

Local Address	City	State	Zip Code

Email	Phone Number

WORK ASSIGNMENT

Type of Appointment (check one):		Pay Scale	
☐ **Proctor**	A registered student whose duties include helping to administer exams (including distribution, collection, and verification of identity), helping the instructor maintain academic integrity at exams, and serving as a witness should an incident of alleged academic misconduct occur.	**Proctor:**	
		☐ Undergraduate	$11.00
		☐ Graduate	$15.00
☐ **Course Assistant:**	A registered student whose duties include conducting discussions sections or labs, grading assignments and multiple-choice exams, holding office hours for tutoring, and proctoring exams.	**Course Assistant:**	
		☐ Undergraduate	$11.00
		☐ Graduate	$15.00
		☐ Doctoral	$15.00
☐ **Teaching Assistant:**	A registered student who performs the duties of a Course Assistant and serves as an instructional apprentice under the supervision of a faculty member.	**Teaching Assistant:**	
		☐ Undergraduate	$12.00
		☐ Graduate	$16.00
		☐ Doctoral	$20.00
☐ **Research Assistant:**	A registered student who works with an individual faculty member on specific research project.	**Research Assistant:**	
		☐ Undergraduate	$12.00 - $14.00
		☐ Graduate	$16.00 - $18.00
		☐ Doctoral	$20.00 - $22.00

Professor/Department	Course Number/Section	$ Pay Rate	Approx. Hrs/Week

Student's First Day of Work	Account/Cost Center

Employment Duration:

☐ Fall 2017 (9/4/17 – 1/14/18) ☐ Spring 2018 (1/15/18 – 5/20/18) ☐ Summer I 2018 (5/21/18 – 6/24/18) ☐ Summer II 2018 (6/25/18 – 9/2/18) ☐ Other (if dates do not align with semester) (Start Date: _____ End Date: _____)

AUTHORIZATION

Supervisor's Name (print)	Supervisor's Signature	Date

Department Authorization Name	Department Authorization Signature	Date

(for internal use only)

Unit: _____ *Dept:* _____ *Source:* _____

Date Received: _____ *Date Input:* _____

Approved: _____ *Job Number:* _____