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	$12.00
		☐ 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	$12.00
		☐ 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	$13.00
		☐ 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	$13.00 - $15.00
		☐ 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:

☐ Other (if dates do not align with semester) (Start Date: _____ End Date: _____)

☐ Fall 2018 (9/3/18 – 1/20/19)

☐ Spring 2019 (1/21/19 – 5/19/19)

☐ Summer I 2019 (5/20/19 – 6/23/19)

☐ Summer II 2019 (6/24/19 – 9/1/19)

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:* _____