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 Payroll Administrator 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	$13.00
			☐ 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	$13.00
			☐ 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	$14.00
			☐ 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 2019 (9/2/19 – 1/19/20)

☐ Spring 2020 (1/20/20 – 5/17/20)

☐ Summer I 2020 (5/18/20 – 6/21/20)

☐ Summer II 2020 (6/22/20 – 8/30/20)

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:* _____