

REQUEST FOR EXTRA EMPLOYMENT FOR GRADUATE ASSISTANT

To be completed by **graduate assistant**:

Name _____ SSN _____
Academic Assistantship
Major _____ Department/Unit _____
and
Department _____ Assistantship hours per week _____

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

Department/Unit _____
Dates of Extra Employment _____ Average hours per week _____
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.

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 Adviser Date Department Chair or Graduate Director Date

Graduate School:

Approval is granted/denied for the above-named student's request for extra employment.

Approved dates of extra employment _____ Approved average hours per week: _____

Associate Dean Date