FACULTY REQUEST TO HIRE TEACHING ASSISTANT

PH.D. PROGRAM PSY.D. PROGRAM DISTANCE LEARNING

Once you have made your decision, please complete this box and deliver to DCT. Please also attach the job posting application form of the student you wish to hire and keep in mind that **student is not hired until all the necessary signatures are obtained and student is notified by Human Resources.** Preference given to FWS student applicants.

PLEASE PRINT OR WRITE LEGIBLY **Faculty Member:**_____

Student Name:_____ **Faculty Name:**_____

Indicate Quarter:_____ **Course:**_____

Class Size:_____ **Course Nº:**_____

Note: Any specific instructions regarding this position: _____

_____.

Faculty delivers form to DCT for Signature **Date Received** _____

Financial Aid Office Verification: Eligible for FWS Yes No

Financial Aid Counselor. _____Date_____

Form delivered back to Program Office **Date** _____

Program Chair Approval

PAYMENT SCHEDULE

Assessment and research classes will be paid $1,000.00 for each quarter worked.

All other classes will be paid $750.00 for each quarter worked.

Other _____

Approved: Yes No

Program Chair: _____ **Date:** _____

Program office delivers form to OAA for Signature **Date** _____

OAA Approval

Approved: Yes – No

VPAA: _____ **Date:**_____

Form delivered back to Program Office **Date** _____

Program Office delivers form to Human Resources for Processing **Date** _____

Business Office Use:

H/R Approval: _____ Date: _____

Payroll Input Date: _____