Graduate/Research Assistantship Appointment Form

Faculty member:

- Please complete this form for the Graduate/Research Assistantship you wish to initiate. After its completion, **submit it to the EO support staff in your department.**
- Please ensure the duties and responsibilities are in accordance with a Graduate/Research Assistant position—you can find definitions at the following link: LINK

ALL fields below are required—failure to complete all fields will delay processing of the assistantship.

☐ Graduate Assistantship Period: ☐ Fall 2021 ☐ Spring	*OR* ☐ Research Assistantship 2022 ☐ Summer 2021 ☐ *Custom
Start Date:	ZOZZ Guillinei ZOZ1 Gustoni
Student Name:	
UIN:	
Email:	
Employing Unit	
Percentage of Appointment:	
CFOP Account Number to charge:	:
Has the student ever worked for the	ne university?
Current university employment (if	applicable):
Employee's Assistantship Duties and	d their estimated percentage of time performing each of
2	
3	
4	
5	

6	**TOTAL (should add up to 100%)
	nlight the 0, then right click the "0" and then select "update field."
*For this field to auto calculate the totals; high	nlight the 0, then right click the "0" and then select "update field."