

## Graduate Student Administrative/Technical/Research Contract

Sign and return this form to the Graduate Office with I-9 form, a photo-copy of your ID, Tax forms, and OBRA exemption. Do not start work until the Graduate Office approves this as an assistantship. You will be notified if your position is not approved. Once approved, take a copy for your records.

## Complete Contact Information for Human Resources

Name		MCA ID	MCA ID	
Preferred Address _				
Phone —				
Assistantship Tit	le			
Supervisor				
Schedule				
Department				
GL Number	31 PCG	5 CCC 0	06	
Stipend				
Contract Start an	d End Dates:	September 2, 2015 to	December 23, 2015	
Payment Information	on			
Maximum Stipend		Maximum Hours	Pay Rate \$ <u>16 per hour</u>	
supervisor; divide max ho	urs by the <b>#</b> of weeks sheets are submitted	generally 67.5 hours. Calculate a to be worked; consider holidays to the Graduate Office every two heets.	or other non-work weeks.	
Faculty or Superviso	r Signature		Date	
Student			Date	
Have you been paid by Return this form the t			No	
		е.		
Department Auth				
<b>Grad Program Signat</b>	ure		Date	