

COLLEGE OF COMMUNICATION ARTS AND SCIENCES

GRANT HIRING REQUEST FORM

STEP 1

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR

Requested by (PI Name)			
"New A GI 'Hire "Add#Change	Account Number cb 91]ghb[[.] 5 gg][ba Ybh 5 XX]h]cbU [.] 5 gg][ba [.]	Ybh ^{****} REUž]ZUdd`]WUV`Y````*7\Ub[Y`KU[Y`FUh
Employee Last Name:	, First N	Name:,	Middle Initial:
Appointment Start Date: Emplo		oyee E-mail:	
Wage Rate Request: \$ □ Per Hour □ Biweekly RA □ Other-please describe:			escribe:
health and tuition reimb only. On-Call hourly w	oursement. Hourly students ar	re paid per hour and fringe includes a i inge includes a FICA charge of 7.65%	per month on grant) and fringe includes FICA charge of 7.65% during the summer at any time of the year. Project pay is not
Work Description (Please include	the approx. total # of hours if he	ourly labor. If wage rate represents a	raise, please include justification):
Account(s) / Sub-Account(s):			
	% Employment:	Department:	End Date:
			End Date:
			End Date:
			End Date:
	% Employment:	Department:	End Date:
STEP 2 TO BE COMPLETED BY THE G	RANTS PROGRAM N	If you are not using A buttons may not work. email to your department	adobe Acrobat Pro and/or Windows, the SEND Please print the form to PDF and send via ent GPM.
This appointment is allo	wable per the conditions of the	grant(s) listed as accounts.	
There are sufficient fund	ds in these grant accounts to co	over this appointment at this time.	
If this appointment is or	an REU account: I have rece	ived the REU student form.	
Comments:			
Grants Program Manager Signa	ature:	Date (MM	//DD/YY):
STEP 3 TO BE COMPLETED BY THE F	ISCAL OFFICER		
I approve this appointm	ent as described above.		
Comments:			
Fiscal Officer Signature		Data (MMA)	/DD/VVI-
i iscai Officei Signature		Date (MM/	יוטט

STEP 4

Forward the fully approved form to the DOS Staff and notify PI: