

**STRATEGIC INITIATIVE FUND**  
**RESEARCH ASSISTANT EMPLOYMENT REQUEST/AUTHORIZATION**  
September 1, 2011 – May 31, 2012

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Department Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ (HR to complete)

Faculty Supervisor Name: \_\_\_\_\_

Faculty Supervisor Contact Info: Ext # \_\_\_\_\_ MSC: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hourly Rate: \$9.00 (Earning Limit: \$750)

**Proof of I-9 compliance from Human Resources must accompany the application.**

\_\_\_\_\_  
Faculty Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date

**STUDENT EMPLOYMENT AUTHORIZATION**

*For Human Resource Use Only*

Student is authorized to begin work as of \_\_\_\_\_  Student not eligible for hire

HR Signature \_\_\_\_\_ Date \_\_\_\_\_

I-9 Completed \_\_\_\_\_ FWS/LCWS Eligibility (Y/N) \_\_\_\_\_ FWS/LCWS Remaining \_\_\_\_\_