



Teaching/Research Assistant Hire Form

****All Fields Are Required**

TA/Grader or RA Name: _____ Email: _____

Department Name: _____ Account #: _____

Monthly Rate of Pay: **\$150.00** Semester/Term: _____

Professor's Signature: _____ Date: _____

Divisional Associate Dean's Signature: _____ Date: _____

Academic Dean's Signature: _____ Date: _____

Provost Signature (RAs only): _____ Date: _____

This form should be submitted to the **Accounts Payable** office no later than the first day of the semester for which the individual is hired to work. A **W-9** form for the individual must be submitted along with this hire form each semester before payment can be issued.