



NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY



LEAVELL
COLLEGE

Teaching/Research Assistant Hire Form

****All Fields Are Required**

TA/Grader/RA Name: _____ Email: _____

Professor's Name: _____ Dept. Name: _____

Account #: _____ Semester/Term: _____

Monthly Rate of Pay: **\$150.00**

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.