GA Employment Form 7-Grants
Research Services

McNeese State University
Student Employment Office
REQUEST FOR GRADUATE ASSISTANTS
RESEARCH SERVICES

TO: Dr. Jeanne Daboval
Provost and Vice President of Academic Affairs

FROM: College / Division _____
Dean / Vice President _____

DATE: _____

SUBJECT: Payroll Approval **Semester:** _____ **Year:** _____

GA Type*	Last Name, First Name	Banner ID	Department	Acct#	Position #	Effective Date Start to End	Action*	Total Amt	Rate p/Hr	Hrs p/Wk

* *GA TYPE CODES: TEACHING GRADUATE ASSISTANT = T NON-TEACHING GRADUATE ASSISTANT = N*
* *ACTION CODES: NEW HIRE = N REHIRE = R CHANGE = C TERMINATION = T*

Principal Investigator **Date** **Director of Research Services** **Date**

Budget Approver – Lynette Babineaux **Date** **Student Employment Administrator** **Date**