Authorization for Additional On-Campus Work Arrangements for Graduate Student Officers

Student’s Name: ________________  UNI: ____________  Emp ID: ____________

SEAS Department: ________________________  Faculty Sponsor/PI: __________________________

Registration Status:  ☐ Full-Time  ☐ Part-Time  ☐ M&F  Total Credit Hours: ______________

Academic Year: __________________________  Term:  ☐ Fall  ☐ Spring  ☐ Summer

CURRENT STUDENT OFFICER APPOINTMENT:

Appointment Type:
☐ Graduate Research Assistant  ☐ Departmental Research Assistant  ☐ Teaching Assistant

Start Date: __________________________   End Date: __________________________
(Please confirm with the Department Administrator)

Are you currently an NSF Graduate Fellow?  ☐ Yes  ☐ No
(If yes, please complete the “NSF Graduate Research Fellow Certification” section below)

PROPOSED ADDITIONAL ON-CAMPUS WORK:

Department Name: ___________________________________________________________________

Department Contact: ____________________________________  Contact’s UNI: ____________

Start Date: _______________   End Date: _______________  Expected Hours per Week*: __________
*(Not to exceed eight hours per week)

Total Amount of Compensation for the Additional Work: ____________________________________

Please describe the nature of the duties that you will perform:

________________________________________
________________________________________
________________________________________
NSF GRADUATE RESEARCH FELLOW CERTIFICATION:

Are you an NSF Graduate Research Fellow? ☐ Yes ☐ No
(If ‘No,’ please skip this section)

Please review the following guidelines for NSF Graduate Research Fellows:

NSF Graduate Research Fellow Supplementation Guidelines

“Each Fellow is expected to devote full time to advanced scientific study or work during tenure. However, because it is generally accepted that teaching or similar activity constitutes a valuable part of the education and training of many graduate students, a Fellow may undertake a reasonable amount of such activities, without NSF approval. It is expected that furtherance of the Fellow’s educational objectives and the gain of substantive teaching or other experience, not service to the institution as such, will govern these activities. Compensation for such activities is determined by the GRFP institution and is based on the institution’s general employment policies. Fellows are required to check with their GRFP institution about specific policies pertaining to GRFP fellowship and paid activities.”


Please explain briefly how the proposed additional work arrangement will further your educational objectives and assist you in gaining substantive teaching or other experience:
STUDENT CERTIFICATION:

I understand that, as a Student Officer:

- I may receive additional compensation for on-campus work arrangements outside of my normal coursework and student officer responsibilities, provided that such arrangements do not exceed a maximum of eight (8) hours per week and do not interfere with my studies.

- Before performing any of these on-campus work arrangements, I must obtain written authorization (signatures below) from: (1) my faculty sponsor / PI, (2) my Department Chair, (3) the Department in which I will perform the additional work, (4) the SEAS Associate Dean of Faculty Affairs & Human Resources, and (5) the Assistant Provost for Academic Appointments.

The information I have provided on this form is true and accurate to the best of my knowledge.

____________________________________________________   ______________________________
Student Signature                                           Date

AUTHORIZATIONS:

1. _______________________________________________________   ______________________________
First Name                        Last Name                           Signature                     Date
Faculty Sponsor / PI

2. _______________________________________________________   ______________________________
First Name                        Last Name                           Signature                     Date
Student’s Department Chair

3. _______________________________________________________   ______________________________
First Name                        Last Name                           Signature                     Date
Head of Department in which Additional Work will be Performed

4. _______________________________________________________   ______________________________
First Name                        Last Name                           Signature                     Date
SEAS Associate Dean of Faculty Affairs & Human Resources

5. _______________________________________________________   ______________________________
First Name                        Last Name                           Signature                     Date
Assistant Provost for Academic Appointments