

Student Employee Appointment Form

Department of Health Behavior

Student Information

Name: _____
Last
First
M.I.

Email: _____ Phone: _____

Department: _____ Degree Program: _____ PID: _____

Year: First Year Second Year Third Year or beyond

Employment Information (Supervisor Completes Part A OR B)

PART A

Employment Type: RA TA

Status: New Employment Continuation

Supervisor's Name: _____

Supervisor's Email: _____

Hourly # Hours/wk: _____ Rate of Pay: _____

Start Date: _____ Last Day Worked: _____

Monthly Monthly payment: _____

Insurance (GSHIP): Yes No

PART B

Hourly/GRA
 TIM Supervisor Name: _____

Status: New Employment Continuation

Supervisor's Name: _____

Supervisor's Email: _____

Hourly # Hours/wk: _____ Rate of Pay: _____

Start Date: _____ Last Day Worked: _____

Bi-weekly payment: _____

NOTE: If a student continues working beyond the last day worked as agreed to and signed on this hiring form, it is the student's responsibility to immediately return all overpayments to UNC.

Funding Information (can be forwarded to Grant Manager for chartfield entry)

FUNDING SOURCE #1:	FUNDING SOURCE #2 (if applicable):
Fund: _____	Fund: _____
Source: _____	Source: _____
Dept ID: _____	Dept ID: _____
Project ID (excludes State/Trust): _____	Project ID (excludes State/Trust): _____
Program Code: _____	Program Code: _____
Cost Code: _____	Cost Code: _____
% Effort (if multiple sources): _____	% Effort (if multiple sources): _____

Description of Duties:



Tuition Information

If student is eligible for the in-state award, pay tuition from grants(s) indicated above: Yes No

If no, what should be used? Fund: _____ Source: _____ Dept ID: _____ Proj: _____

Fall Tuition: \$ Spring Tuition: \$ Fees Included: Yes No

TUITION (Please note that state-funded positions pay tuition at the Academic Affairs rate, which is lower than the SPH rate):

Additional Information:

Hiring Faculty Member or Designee:		
Printed Name	Signature	Date:
Student Employee:		
Printed Name	Signature	Date: