

RA/TA APPOINTMENT FORM FOR DEPARTMENT OF EPIDEMIOLOGY ONLY

Email copies of completed and signed form to Lena Hudock (lhudock@email.unc.edu) and to the student.

Student's Name: _____ Student's PID: _____

_____ New Employment OR _____ Continuation _____ RA OR _____ TA

Start Date: _____

Hours per week: _____

End Date: _____

Rate of Pay: \$ _____ for appointment period **OR**
\$ _____ per hour

NOTE: Faculty, check that rate of pay meets the Grad School minimum requirement for tuition awards.

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) _____

Project ID end date _____

Project ID end date _____

Funding Agency (e.g, NIAID, GSK, State) _____

Funding Agency (e.g, NIAID, GSK, State) _____

% Effort (if multiple sources) _____

% Effort (if multiple sources) _____

Immediate Supervisor: _____

Description of Duties:
(Specific tasks must
be detailed)

Hiring Faculty
Member: _____

Printed Name

Signature

Date

TUITION (signature not required for state-funded TAs or summer jobs; however, note that state-funded positions pay tuition at the Arts and Sciences rate, which is less than the SPH rate):

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

If no, what source should be used? Fund _____ Source _____ Dept ID _____ Project ID _____

Fall tuition: \$ _____ Spring tuition: \$ _____

Hiring Faculty Member: _____
Printed Name Signature

For grants housed in departments other than EPID (e.g., IPRC, LCCC, MEDI)

Business Manager: _____
Printed Name Signature