

Name:	Student Employee ID:
Faculty Supervisor:	Student Email:
Start Date of Appointment: / / 20	End Date of Appointment: / / 20
Hourly Rate: \$12.00/hr Account: 09LINS2  Option A:80-100 hours/8-10 per week/10 weeks Option B-150-200 hours/15-20 hours per week/10 weeks**	Approximate number of hours the assistant will work per week:  (Employee must not exceed 20 hours of work per week.)
Scope of Research:	
I understand that the College of Law is hiring me as an hourly research assistant and that this position is terminable at will by either the College or myself. I will be paid on an hourly basis and will submit ADP generated time records to process my payment(s). I understand that I may not simultaneously serve in any other employment category in another department or college except as a temporary non-student employee. I understand that withholding of taxes from my salary will vary depending on my tax filing status and that a tuition waiver will not be applied to my account after the semester deadline date.	
Student Signature:	Date:
I certify that I am employing the above student as an hourly research assistant for the indicated time frame. I understand that the employee should not exceed 200 hours of work over the Summer term. It is my responsibility to verify and approve all hours worked by the employee.	
Requestor Signature:	Date:
For Office Use only	
□ e Time Supervisor Emplid □ ePAF entered//	**Special Appointment Approval  Approved Denied  By Date  Comments: