## GEORERGIA STATELAM

College of Law - Hourly Research Assistant
APPOINTMENT FORM
Summer Semester Only

| Name: | Student Employee ID: |
| :---: | :---: |
| Faculty Supervisor: | Student Email: |
| Start Date of Appointment: / / 20 | End Date of Appointment: / / 20_ |
| Hourly Rate: $\quad \$ 12.00 / \mathrm{hr}$ Account: 09LINS2 <br> $\square$ 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 <br> assistant will work per week: $\qquad$ <br> (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 Summerterm. It is my responsibility to verify and approve all hours worked by the employee. |  |
| Requestor Signature: | Date: |
| For Office Use only |  |
| $\qquad$ | **Special Appointment Approval Approved Denied <br> By $\qquad$ Date $\qquad$ <br> Comments: |

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