

New appointment Revisions to an existing appointment

TEACHING ASSISTANT EMPLOYEE REQUEST FORM

*Required fields are marked with an asterisk **

Hiring Unit *: _____

Date Prepared | _____

SECTION I: Hiring Department Information

Student Name _____

Student ID number _____

@ucsc.edu
Student Email*

Course Number * _____

Course Name _____

_____ **F W S**
Quarter - Chose only ONE

Supervisor Name _____

Supervisor Email _____@ucsc.edu

Department / College Authorization * _____

Date _____

Section II: Position Information

Start Date * _____

_____ Hours / Week or % Time *

End Date* _____

FOAPAL * _____ %

Secondary FOAPAL (if any) _____ %

Funding Authorization * _____

Date _____

Please send the **completed** original Employee Request Form, along with the Description of Duties sheet to Jessenia Garcia at jgarc379@ucsc.edu in the UE Academic Personnel Office