Employment Information Form

Supervisor _____ Account # _____

Employee Name _____ Student Status _____

Employee Email Address _____ Home Dept. _____

Current/previous UCSB employment? _____ If Yes, Department _____

Begin Date _____ End Date _____

Job Title* _____ Pay Rate _____ # Hours/Week _____

Maximum Amount _____ Total amount to be charged to grant (including benefits)

Primary Work Location _____

Work Schedule _____

Description of Duties to be Performed:

Employee Signature _____ **Date** _____

Approvals

Supervisor _____ Chair/Director _____

Signature _____ Date _____ Signature _____ Date _____

*NOTE: A Graduate Student Researcher (GSR) appointment of 25% or greater requires payment of GSHIP and a Partial Fee Remission from the grant. An appointment of 35% or greater requires payment of Full Fees & GSHIP from the grant. This money must be specifically allocated in the approved grant budget.