STUDENT ASSISTANT CHARGED TO GRANTS SUPPORT FORM

Name of Grant: ________________________________________________________
Account Number: _______________________________________________________
Student Name: ___________________________ University ID: _______________
College: ___________________________ Major: _______________ Year: _________
Address: _____________________________________________________________
Telephone Number: _____________________________________________________
Starting Date: _____________________ Ending Date: ________________________
Estimated number of hours per week: ________________

A monthly time sheet to be filled out before payment is authorized.

Grant Manager Signature: ___________________ Date: ___________________

 FOR FINANCE OFFICE USE

Rate: _________ Per Hour.

Grants Comptroller: __________________________ Date: _________________
Financial Vice President: _____________________ Date: _________________

Form SS1