

## **RESEARCH ASSISTANTS – SALARY**

## GRADUATE STUDENT APPROVAL FORM

DATE		DEPARTMENT NAME			AAU APPROVAL REQUIRED			
irst Name:		Grantee Approval		Account number				
ast Name:		Print Name:	Fund	Department	Program	Project	Natural (Select One)	
mployee Number:	Student Number:	Sign Name:					81330 (Canadian)	
							81330 (Internationa	
otal Stipend (Exclusive of statutory benefit cost):			Start Date (MM/DD/YYYY):				Total Hours of Appointment:	
		End Date (MM/DD/YYYY):						
income.  I have read the	Research Assistantsh	ip Guidelines and have determir	ned that sa	lary is the appı	ropriate me	thod of payr	ment.	
Grantee Signature				Date				
account numbe	r provided will be asse	considered employment income. essed approximately an additiona te a processing time of four (4) v	ıl 10 % em <sub>l</sub>	•			•	
Research Finance Approval					 Date			

Please submit a hard copy of this form to the RESEARCH FINANCE department at JEC 160.