GRANT EMPLOYMENT FORM

Department: _____ Date:_____

Name of Student: _____

Gothic ID Number: _____

Effective Start Date: _____ End Date:_____

Hourly Rate: _____/hour

Grant Name: _____

Grant Account Number: _____

Does this person currently work in another
department?   ____ Yes   _____ No

If yes, what department? _____

Notes/Other:

_____

_____

(Please complete all fields above, and send to:
SI Coordinator, Professional Studies Room 340.)

OGSP Signature: _____

Grant Accountant: _____