

The JHBC College of Business & Public Administration

FACULTY GRADUATE /LAB ASSISTANT (GA) REQUEST FORM

AC	AD. YR: <u>2025</u>	CHOOSE ONLY	ONE FALL	WINTER SPR	RING SUMMER
Faculty Name				E-mail:	
De	partment			Phone Ext.	
	There's a student that I'd like to hire/rehire as my graduate assistant for the new semester The student's name is: Phone no. or e-mail:				
	Justification for Summer GA: Paid by the college, pending approval. To the best of your ability select the option from below that both of you student agree is most realistic to the amount of work and time available for the student to complete this semestrudent should have enough work to complete the hours you requested for this semester				
	The student an	d I have chosen Option unding source to use:	•	hours per week fo	
	OPTION	HOURS PER WEEK	NUMBER OF WEEKS	TOTAL WORK HOURS	APPROX. TOTAL TO BE PAID
	1	5 hours per week	15 weeks per semester	75 hours	1474.50
	2	10 hours per week	15 weeks per semester	150 hours	2949.00
this is dependent upon the number of overall faculty GA requests. Additional hours can be paid from a faculty member's pdf. List some skills that would be helpful such as SPSS, SAP, Web Development, Stats, Social Media, Research and Analysis; the ability to speak another language (specify), etc.:					
Note: If you already have a student you'd like to hire, remind them to complete a student application and submit it to Lisa Peña In JB-461, or to lisa.pena@csusb.edu as we need to verify if they have a SSN, among other required information, as well.					
I certify that I'm eligible to receive an assigned graduate/lab assistant. I will not promise individual employment and will ensure that the student does not commence work until the hiring process for this assigned graduate/lab assistant has been completed. I also understand that <u>neither</u> I nor the student will assume that the student can continue as a graduate/lab assistant for the following semester. Both student and YOU must resubmit new request forms to <u>hire or rehire</u> a graduate/lab assistant for the new semester.					
Fac	Faculty Signature: Date:				
JHBC GA Coordinator: Date:					
JHBC Dean's Office – check here if faculty member is requesting from one of the two options to be paid by the college fund. Revised 07/08/24 LP					