**GA Request to Have Additional Employment**

*This form is to be completed by a GA who is seeking permission to accept another paid position (on or off campus).*

Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of additional position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And is \_\_\_ on campus \_\_\_off campus

Describe the job and how many hours the other position would require in a week.

Describe how this extra position would impact your studies and your GA position.

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Indicate Approval

GA Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Printed name Signature

Other Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

(If with UNCP) Printed name Signature

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Printed name Signature

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**Student—Return completed form to Graduate School**

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approve Do not approve