

**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).

Name: Click or tap here to enter text. Banner ID: Click or tap here to enter text.

Program: Click or tap here to enter text.

|  |
| --- |
| Description of additional position Click or tap here to enter text. |
| And is | [ ]  on campus | [ ]  off campus |

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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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

*Revised 20200217 gl*