

# Semel Institute Office of Education

## ACADEMIC TRAINEE OFFICE TEACHING ASSISTANT APPOINTMENT FORM

Administrator Name: \_\_\_\_\_

TA's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

If a foreign national indicate current visa type: \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Registered as a California resident? ☐ YES ☐ NO

Home department \_\_\_\_\_

**Please select one per submission:**

**Teaching Assistant** ☐

**Teaching Associate** ☐

**Teaching Fellow** ☐

Fee Remission I,II, and health insurance are mandatory if appointed at 25% or above. In addition, if GSR is appointed at 45% FAU will be hit with non-resident tuition

### LIST FUNDING SOURCE (S):

| _____      | THROUGH | _____    | _____     | _____         | _____    | _____ |
|------------|---------|----------|-----------|---------------|----------|-------|
| BEGIN DATE | _____   | END DATE | % OF TIME | FUND MGR NAME | APPROVAL |       |
| _____      | THROUGH | _____    | _____     | _____         | _____    | _____ |
| BEGIN DATE | _____   | END DATE | % OF TIME | FUND MGR NAME | APPROVAL |       |
| _____      | THROUGH | _____    | _____     | _____         | _____    | _____ |
| BEGIN DATE | _____   | END DATE | % OF TIME | FUND MGR NAME | APPROVAL |       |

**FEE BALANCE:** \_\_\_\_ YES \_\_\_\_ NO

If yes, please provide an allowable funding source that can be linked to a 78 pre-fix.

**FAU:** \_\_\_\_\_ **Fund Name:** \_\_\_\_\_

**Fund Manager Name:** \_\_\_\_\_ **Fund Manager Approval** \_\_\_\_\_

**Please ensure that the following are attached:**

☐ Curriculum Vitae ☐ Statement of Objective ☐ Prehire Questionnaire

**Special Notes:**

---

---

---

---

---

---

---

---

Faculty Mentor : \_\_\_\_\_

**APPROVAL**

**Name**

**Signature**

**Date**

**PRINCIPAL INVESTIGATOR** \_\_\_\_\_