## Western Illinois University School of Graduate Studies

## Graduate/Research/Teaching Support Assistantship Contract Request

Budget number:	Date of Request:
Name of student:	WIU ID number:
Citizen of:	Graduate major:
Type of appointment:	Graduate Assistant Research Assistant Teaching Support Assistant Intern (Peace Corps)  (Effective Fall 2012)
Stipend per month:	(Effective Pail 2012)
Number of work hours per week:	20 hours (full-time) 13 hours (2/3 time) Other:%
Employment period:	Fall semester Spring semester Summer session
*If a fall/spring contract request review and consideration of the	t is for less than 4-months, a justification must be attached and will require Director of Graduate School.
Please indicate specific begin ar	nd end dates, if not working from start of semester to end of semester:
From:	To: To:
List duties of position (be specified equal 100%):	fic) and indicate percentage of time assigned to each duty. (Total should
Name of supervisor:	
Name of alternate supervisor (m	nust be different individual than above):
Telephone directory informat	
Work address (Building/Room ) Work telephone number:	No./Office name, if applicable):
*	than budget department, please enter the work department budget number
Fiscal agent (signature required)	):

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1 University Circle, Macomb, IL 61455-1390, Phone (309)298-1806; Fax (309)298-2345 Email: <u>Grad-Office@wiu.edu</u>