

**SCHOOL OF PUBLIC HEALTH & HEALTH SCIENCES  
SCHOOL OF NURSING  
Fall 2004  
RESEARCH/TEACHING ASSISTANTSHIP/GRADUATE STUDENT**

Name of Student \_\_\_\_\_ Supervisor \_\_\_\_\_

|  |                          |
|--|--------------------------|
| Beginning Date ____/____/____ (Sunday) | Research Assistant _____ |
| Ending Date ____/____/____ (Saturday)  | Graduate Hourly _____    |

|  |
|--|
| No. Weeks _____ (x) Hrs per week _____ Hourly Rate _____ (=) Total Stipend _____ |
|--|

|   |  |
|---|--|
| <p><b>SPHHS Hourly Rates Are:</b><br/>         \$17.25 for MS/MPH students<br/>         \$19.70 for PhD students</p> <p><i>Minimum stipend for tuition waiver is \$2,931.70 per semester.<br/>         Full-Year Waiver (Fall &amp; Spring semesters) \$5,863.40<br/>         Note: 170(17.25)=\$2932.50</i></p> <p>Note: Standard TA assignments are for 170 hours over 19 weeks</p> | <p><b>Additional Costs to Funding Source:</b><br/>         GEO Health Fee: (\$2.57/hr) _____<br/>         H &amp; W (\$0.55/hr) _____<br/>         Curriculum Charge (see below) _____</p> <p><small>(based on 760 hrs/yr FTE)</small><br/>         Projects Reviewed Prior 6/30/01: 0<br/>         Projects Reviewed 7/1/02-6/30/03: \$3.66/hr<br/>         Projects Reviewed After 7/1/03: \$4.61/hr<br/>         Projects Reviewed After 7/1/2004: \$6.31/hr<br/>         SPH/HS Computer Lab: (\$2.50/hr) _____</p> <p>Total Grant Payment _____</p> |
|---|--|

Tasks to be performed:  
**(Job Duties)**

Funding Source: \_\_\_\_\_ Account Number: \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_ Date: \_\_\_\_\_

TO BE FILLED OUT BY STUDENT

|                   |     |     |     |     |            |
|-------------------|-----|-----|-----|-----|------------|
| Student's Program | CHE | HPM | EPI | BIO | MS Nursing |
|-------------------|-----|-----|-----|-----|------------|

|                |    |        |      |            |
|----------------|----|--------|------|------------|
| Degree Earning | MS | M.P.H. | Ph.D | Non Degree |
|----------------|----|--------|------|------------|

Date Enrolled: Fall or Spring \_\_\_\_ (yr) Student I.D. # \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

(Graduate Program Director)

*This form must first be completed by the Principal Investigator, approved and signed by the student, then forwarded to the Graduate Program Director. It is the responsibility of the Principal Investigator to make sure there are enough funds in their accounts and also to know the expiration date of such grants. The information you provide on this sheet is what is typed on the final contract submitted for payroll. Please make sure your calculations are correct. The completed forms should then be returned to Program Area Office.*