

**EASTERN CONNECTICUT STATE UNIVERSITY  
UA/GA ASSIGNMENT AUTHORIZATION**

Note: Complete Section I, then print for signatures.

<input type="checkbox"/>	NEW (Search) Resume & job description to be included
<input type="checkbox"/>	NEW (Emergency) Resume & job description to be included
<input type="checkbox"/>	CONTINUING (Address required)

**I. TO BE COMPLETED BY SUPERVISOR**

DEPARTMENT	Please indicate periods to be employed during current fiscal year (July 1 through June 30): INTERSESSION <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> 4 Weeks                      16 Weeks                      14 Weeks                      18 Weeks				Total Number of Weeks During Fiscal Year
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UA/GA NAME	ID #	HOME PHONE	BUSINESS PHONE	START DATE	END DATE
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ADDRESS:

TITLE:

UA CATEGORY (A-E)	BANNER INDEX	CONTRACT HOURS PER WEEK	NUMBER OF WEEKS	HOURLY RATE	TOTAL AMOUNT
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[Click here for list](#)

I CERTIFY THAT I HAVE EXAMINED THE CREDENTIALS OF THE ABOVE EMPLOYEE AND ATTEST THAT HE/SHE MEETS ALL QUALIFICATIONS OF THE RECOMMENDED CATEGORY:

\_\_\_\_\_  
Signature, Supervisor

\_\_\_\_\_  
Date

**II. TO BE COMPLETED BY APPROPRIATE DIRECTOR, DEAN OR VICE PRESIDENT**

<input type="checkbox"/>	RECOMMENDATION APPROVED
<input type="checkbox"/>	RECOMMENDATION APPROVED WITH FOLLOWING CHANGES: _____
<input type="checkbox"/>	RECOMMENDATION DISAPPROVED. REASON: _____

\_\_\_\_\_  
Signature, Dir., Dean or VP

\_\_\_\_\_  
Date

**III. TO BE COMPLETED BY HUMAN RESOURCES**

Please choose appropriate category	University Assistant – Administrative Duties	612230	Graduate Assistant	612300
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<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DISAPPROVED. REASON: _____

\_\_\_\_\_  
Signature, Human Resources

\_\_\_\_\_  
Date

**IV. TO BE COMPLETED BY PAYROLL**

PPD START DATE	PPD END DATE	AMOUNT	# OF PAYS	\$ AMT/PAY	POSN #	FUND	ORG	PROGRAM	ACCOUNT

Budget Approval \_\_\_\_\_