EASTERN CONNECTICUT STATE UNIVERSITY

UA/GA ASSIGNMENT AUTHORIZATION

Note: Complete Section I, then print for signatures.

**L. TO BE COMPLETED BY SUPERVISOR**

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Please indicate periods to be employed during current fiscal year (July 1 through June 30):</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERSESSION</td>
<td>SPRING</td>
</tr>
<tr>
<td>4 Weeks</td>
<td>16 Weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UA/GA NAME</th>
<th>ID #</th>
<th>HOME PHONE</th>
<th>BUSINESS PHONE</th>
<th>START DATE</th>
<th>END DATE</th>
</tr>
</thead>
</table>

ADDRESS:

TITLE:

<table>
<thead>
<tr>
<th>UA CATEGORY (A-E)</th>
<th>BANNER INDEX</th>
<th>CONTRACT HOURS PER WEEK</th>
<th>NUMBER OF WEEKS</th>
<th>HOURLY RATE</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
</table>

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**

- RECOMMENDATION APPROVED
- RECOMMENDATION APPROVED WITH FOLLOWING CHANGES:
- 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 |

- APPROVED
- DISAPPROVED. REASON:

______________________________
Signature, Human Resources

______________________________
Date

**IV. TO BE COMPLETED BY PAYROLL**

<table>
<thead>
<tr>
<th>PPD START DATE</th>
<th>PPD END DATE</th>
<th>AMOUNT</th>
<th># OF PAYS</th>
<th>$ AMT/PAY</th>
<th>POSN #</th>
<th>FUND</th>
<th>ORG</th>
<th>PROGRAM</th>
<th>ACCOUNT</th>
</tr>
</thead>
</table>

Budget Approval __________________________

Distribution: Original – HR  Copies: Payroll, Department Chair/Supervisor, VP/Dean