

RESEARCH ASSISTANT CONTRACT REQUEST FORM

Job Description:	
Total Number of Hours of Contract:	Timesheet
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):
Researcher Name:	
Account: GRAD Fund R & D	Start-Up PER
Other Account:	
Research Assistant Name:	
Address:	
Email:	Gender:
Phone	Employee #:
If no employee #provided:	
Social Insurance Number:	Date of Birth (MM/DD/YYYY):
Highest Degree Level Obtained:	
Name of last degree obtained (if applicable	e):
	l:
Current Student Status (if relevant)	
10 hours per week for the duration of a given term. appointments for on-campus work (including TA or R seek and obtain the approval of their Supervisor (if a Studies. Please attach a completed Request for App	t, full-time graduate students are expected to work a maximum average of Full-time graduate students who wish to seek additional employment that hours) that result in more than an average of 10 hours per week must first applicable), the Graduate Program Director, and the Dean of Graduate proval of Extra On-Campus Employment Hours [https://brocku.ca/Program Director is required before a contract can be created.
Student # Enrolmen	nt Status Degree Level
Area of Study: Education Other	(specify degree program)
Researcher's Signature	RA Signature Date

Please return completed forms to Diem Chanhsavang, Administrative Assistant Associate Dean's Office via email to dchanhsavang@brocku.ca or drop off in person at WH106