ARTS DIVISION GRADUATE STUDENT RESEARCHER (GSR) ACTION FORM

SECTION I: To be completed by the student							
Name:	E-mail:	Major:					
Any other appointments during this academic year? Yes No No No							
Enrollment Status:	rollment Status: Full-time registered grad student Part-time registered grad student NOTE: Academic appointments for part-time grad students may not exceed 25%)						
working on campus, you 502-0067, or <u>liivdiaz@u</u> □ You may not work me	ointment approval from the Arts a u must sign employment forms <u>ucsc.edu</u> to arrange an appointment	demic quarter without prior Graduate Division approval. C	1)				
		e, and I am not working more than 50% during either the ertify that I have read the above important information.	e Fall,				
Signature:		Date:					
SECTION II: To be completed by the principal investigator and/or the department							
P.I. Name	Dept:	FOAPAL:					
directly related to a rese	arch objective. It is not permissib	tivities. Duties performed by a GSR shall be le to hire a GSR to perform duties suited for a ic HR Specialist Lili Diaz if you have questions.					
	ter(s) or specific dates you wish to $(10/1-12/31)$ Winter $(1/1 - 3/31)$	Spring $(4/1 - 6/30)$ Summer $(7/1 - 9/30)$					
	tment:						
Percentage of time: Worksite Location:							
\Box GSRs can work up to	5% or more, tuition remission fees 100% time during summer only	s will be charged to the FOAPAL noted above. (7/1 - 9/30). Your GSR doesn't need to work the entire sur (please note specific dates above).	mmer;				
By signing my name, I	certify that I have read the above	e important information.					
P.I. Approval:		Date:					

SECTION III: To be completed by Academic HR & research analyst

Salary Point:								
\$ Annua	ll Salary Rate	\$	N	Monthly Salary Rate				
\$ Month	ly Salary at% Time	\$	7	Total Salary				
\$ in Mis	c. Benefits (5.47%)	\$_		in tuition/fee remission (unless				
GSR has another appointment at 25% time or more that covers tuition/fees)								
Total for the Appoint	nent: \$							
By signing my name,	I certify that the P.I. has the fur	nds to hire this GSR.						
Research Analyst signature:		Date:						
Confirmation FOAPA	L:							

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