UB

University at Buffalo *The State University of New York*

REQUEST FOR PRIOR APPROVAL OF EXTRA SERVICE COMPENSATION
(for supported graduate students only)

WHO SHOULD FILE: Any graduate student with a Teaching Assistant (TA), Graduate Assistant (GA), or Research Project Assistant (RA) appointment who has accepted an extra service assignment separate from, and in addition to, the duties/responsibilities of his or her primary appointment.

NOTE: UB guidelines limit TA/GA/RA employment to 20 hours/week while classes are in session and 40 hours/week when classes are not in session. Exceptions to this limit may be requested but may not exceed an average of 40 hours/week. International students on F-1 or J-1 visa status may not work as a TA/GA/RA more than a total of 20 hours per week while school is in session, inclusive of extra service assignments.

Student Name: _____ Person #: _____

Official State or RF Title of Primary Appointment: _____

Department/Unit of Primary Appointment: _____

Primary Department Contact Person: _____

Department/Unit of Extra Service Appointment: _____

Extra Service Department Contact Person: _____

Type/Nature/Purpose of Extra Service for which Approval is Requested: _____

_____

Period/Duration of Extra Service: _____

Total Amount of Extra Service Compensation: _____

STUDENT AFFIRMATION:

I certify that the above information is accurate, and that the extra service assignments are separate from, and in addition to, the duties/responsibilities of my primary appointment and will not interfere with the discharge of my primary appointment.

I understand that if I am an international student on F-1 or J-1 visa status I may not work more than a total of 20 hours per week while school is in session, inclusive of extra service assignments.

Student Signature: _____ Date: _____

REQUIRED APPROVALS: (Print name and add original signature in all cases)

_____ Date: _____
Chair/Director/PI of Primary Appointment Unit

_____ Date: _____
Chair/Director/PI of Extra Service Unit

_____ Date: _____
Chair of Student's Academic Department

_____ Date: _____
Academic Dean of Student's College/School

SUBMIT COMPLETED FORM TO:
HUMAN RESOURCES, 120 CROFTS HALL, NORTH CAMPUS
To request a copy, please enter your name and UB address on the line below:

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