

**Gevirtz Graduate School of Education**  
**Employment Request – New Appointment**  
*(Non-Instructional Appointments Only)*

Employee may begin work when this completed form is approved, employee eligibility is confirmed, and the employment has been processed in UC Path and when the employment Mod is distributed to PI/supervisor and employee by email. Appointments are contingent on the employee being eligible to work in the requested title, e.g., every student must be a registered under/graduate student in good standing for the duration of the appointment. If required, employment exception form must be approved and background check complete prior to start date. Refer to the hiring guidelines on the GGSE resources page: <https://education.ucsb.edu/ggse-resources>.

**Employment requests are processed in the order received. To support an on-time hire please submit to Employment Analyst at least six weeks before the hire date.**

Employee Name \_\_\_\_\_ Email \_\_\_\_\_@ucsb.edu

Student Status \_\_\_\_\_ Academic Home Dept. \_\_\_\_\_

Employee ID # \_\_\_\_\_ MANDATORY: Location(s) \_\_\_\_\_  
 (e.g. Building # & Room #, Hybrid work, Remote, etc.)

Supervisor/PI requests approval to employ individual as:

**Student Assistant**

Project Code(s) _____	Pay Rate _____/hour	Percent Time _____
Begin Date _____	End Date _____	Short Work Break Begins _____ Return to Work _____

**GSR**

Project Code(s) _____	Monthly Salary Point _____	Percent Time _____
Begin Date _____	End Date _____	Short Work Break Begins _____ Return to Work _____

**MANDATORY: Description of duties are performed (attach additional pages, if needed):**

**Works with or observes:** Minors/Elders? (<18 or 65+) \_\_\_\_\_ Dependent Adults? (18-64) \_\_\_\_\_ Human subject(s)? \_\_\_\_\_  
 Cash or Cash Equivalents? \_\_\_\_\_ Sensitive or confidential data? \_\_\_\_\_ Is paid from Fed. or State funds? \_\_\_\_\_ OR None \_\_\_\_\_

Supervisor \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

PI (if other than supervisor) \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Account Manager \_\_\_\_\_ Name \_\_\_\_\_ Dept Hired in \_\_\_\_\_ Date \_\_\_\_\_

Additional Approval (if needed) \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Employment Analyst:** Employment Location \_\_\_\_\_ Position # \_\_\_\_\_

Date Received \_\_\_\_\_ Date Distributed \_\_\_\_\_

Time card required? Yes No Pay schedule: MO BW 1<sup>st</sup> Pay Period \_\_\_\_\_

Intake required? Yes No Received \_\_\_\_\_ Background check required? Yes No Received \_\_\_\_\_

CANRA required? Yes No Received \_\_\_\_\_ Employment Exception Required? Yes No Received \_\_\_\_\_