MICHIGAN STATE COLLEGE OF COMMUNICATION ARTS AND SCIENCES NIVERSIT

GRANT HIRING REQUEST FORM

STEP 1

Poguested by (Pl Name)

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR

Trequested by (Finalite)								
"New A GI 'Hire "Add#Change Account N	lumber`cb`!	91]gh]b[`5gg][baYbh	·····5 XX]li]cbU`5 gg][ba Ybl	h REUž]ZUdd`]VUV`Y``	7\Ub[Y`KU[Y`FUHY			
Employee Last Name:		First Name:	······ ,	Middle Initial:				
Appointment Start Date:		Employee E-mail:						
Wage Rate Request: \$	🗆 I	Per Hour 🛛 Biweekly	y RA 🛛 Other-please des	cribe:				

Notes on Wages: Graduate Assistants are paid a fixed biweekly amount (even if budgeted per month on grant) and fringe includes health and tuition reimbursement. Hourly students are paid per hour and fringe includes a FICA charge of 7.65% during the summer only. On-Call hourly workers are paid per hour and fringe includes a FICA charge of 7.65% at any time of the year. Project pay is not allowed on grants. Other payment terms may apply per the individual appointment.

Work Description (Please include the approx. total # of hours if hourly labor. If wage rate represents a raise, please include justification):

Account(s) / Sub-Account(s):

	 % Employment:	Department:	End Date:
/	 % Employment:	Department:	End Date:
/	 % Employment:	Department:	End Date:
/	 % Employment:	Department:	End Date:
/	 % Employment:	Department:	End Date:

STEP 2

If you are not using Adobe Acrobat Pro and/or Windows, the SEND TO BE COMPLETED BY THE GRANTS PROGRAM MANAGER buttons may not work. Please print the form to PDF and send via email to your department GPM.

This appointment is allowable per the conditions of the grant(s) listed as accounts.

There are sufficient funds in these grant accounts to cover this appointment at this time.

If this appointment is on an REU account: I have received the REU student form.

Comments:

Grants Program Manager Signature: ______ Date (MM/DD/YY): _____

STEP 3

TO BE COMPLETED BY THE FISCAL OFFICER

I approve this appointment as described above.

Comments:

Fiscal Officer Signature: _____ Date (MM/DD/YY): _____



Forward the fully approved form to the DOS Staff and notify PI: