

Action Request Form

Human Resources

The University Corporation

Background Verification form must be submitted for all hiring requests

Waiver of Recruitment- Student Classification

- Student Assistant Undergraduate - Account 601303 Fund _____ Department _____ Project _____**
Enrolled CSUN Student (6+ units). Part time temporary- 20 hours maximum per week while school is in session. Benefits: Sick only Pay range- Minimum Wage up to \$24 per hour

- Student Assistant Graduate – Account 601309 Fund _____ Department _____ Project _____**
Enrolled CSUN Student (4+ units). Part time temporary- 20 hours maximum per week while school is in session. Benefits: Sick only Pay range- Minimum Wage up to \$24 per hour

- Research Assistant Undergrad- Account 601104 Fund _____ Department _____ Project _____**
Enrolled CSUN Student. Full or part time temporary. Benefits: Part time-Sick only. Full time-Sick and Health benefits. Pay range- Minimum Wage up to \$24 per hour

- Graduate Research Assistant- Account 601103 Fund _____ Department _____ Project _____**
Enrolled CSUN graduate student. Full or part time temporary. Benefits: Part time-Sick only. Full time-Sick and Health benefits Pay range- Minimum Wage up to \$24 per hour

Department Name: _____

Supervisor: _____

Name of previous employee holding this position _____ or This is a new position

Name of Hire: _____

Reason for Appointment: _____

Summary of Job Duties: _____

*** First Day of Work:** _____

End Date: No end date- Temporary student appointment

** Please note that first day of work may change if background check is needed.*

Part-time Regular Part Time Intermittent # of hours per week _____

Full-time- 30 hours or more per week (Full time employees are eligible for medical, dental, vision, vacation and sick benefits.)

Hourly Rate (Non-exempt): _____

Approver - (Name of Director, Research & Sponsored Programs or Hiring Manager PRINT)	Signature: _____	Date: _____	EXT: _____
TUC/RSP Liaison PRINT	Signature: _____	Date: _____	EXT: _____
Name of Supervisor PRINT	Signature: _____	Date: _____	EXT: _____
Auxiliary Human Resources (NAME / TITLE) PRINT	Signature: _____	Date: _____	EXT: _____