



REQUEST FOR GRADUATE ASSISTANT PAYROLL LEVEL ADJUSTMENT

GA FIRST NAME _____

GA LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ EMPLOYEE ID # _____

DEPARTMENT _____

GRAD PAYROLL PROCESSOR NAME _____ EMAIL _____

REQUESTING ADJUSTMENT IN CORE-CT TO PAY GA AT: LEVEL 1 LEVEL 2 LEVEL 3 DVM

TRANSACTION EFFECTIVE DATES _____ TO _____

JUSTIFICATION FOR REQUEST

DEPARTMENT HEAD APPROVAL:

Department Head Name	Department Head Signature	Date

GRADUATE SCHOOL REVIEW:

Print Name: _____	<input type="checkbox"/> Consistent with The Graduate Catalog
Signature: _____	<input type="checkbox"/> Inconsistent with The Graduate Catalog
Date: _____	

