

Department of Psychology Student/Staff Funding Form
 Circle one and indicate year: Fall, Spring, Summer A, B, C 20__ semester

Prepared by:
 (Circle one) Area Director, Staff Grant Manager, TA Allocation Committee Chair

Date Submitted _____

Name / ID#	Record # Title	Add Continue Change Terminate	Student Year Area	Course	Supervisor	FTE	*Biweekly for RA's/TA's *Hourly rate for OPS	*Cost	Contract *Period	Dept ID Project # *account code	Remarks

Note: For Department Funds - TA .35FTE, Lab TA .40FTE, Instructor .45 FTE

*This information is not required for Department funds (requested by Area Directors and the TA Allocation Committee Chair).

revised 04/2006