APPLICATION FOR READER OR TUTOR

SECTION I: To be completed by applicant

NAME: _____ DATE OF BIRTH: _____

PHONE: _____ UCSC EMAIL: _____

Student Status Registered: YES   NO   If YES, check one: Undergraduate   Work-Study

Graduate

U.S. CITIZEN: YES   NO   If NO, *visa type*: _____

Currently UCSC employed: YES   NO   Title: _____   %/H_____   Location: _____

Do you hold a baccalaureate degree or higher?   YES   NO
If YES, please check   BA   MA   PhD

I certify that the information I've provided is accurate.

_____ / _____
Signature   Date

IMPORTANT INFORMATION -- PLEASE READ

➢ If you are not currently working on campus, **you must complete employment forms in the Social Sciences Academic Payroll Office (Humanities & Social Sciences, Suite 460) BEFORE YOU BEGIN WORKING.** Please contact Wendy Frey at 831-459-3994, or email wemfrey@ucsc.edu to schedule an appointment (**you must have an appointment).**

➢ You must not work over the hours allocated to you by your department, or over 50% per month if registered.

➢ Biweekly time sheets are due on the last workday of each biweekly pay period, no later than Saturday. Supervisors must approve by the Monday following the close of the biweekly pay period.

➢ Please note that time sheets must be completed in CruzPay: http://cruzpay.ucsc.edu/index.html

➢ Remember, **YOU** are responsible for submitting your time sheet electronically by the *due date* in order to receive timely paychecks (except for months where there are several holidays [i.e., November & December] when time sheets are due several days earlier).

➢ The following section will need to be completed by the Department *prior* to your coming to the Academic Payroll Office to sign employment forms.

SECTION II: To be completed by Department

Check all that apply: READER   TUTOR (SINGLE SESSIONS)   TUTOR (GROUP SESSIONS)

Department: _____   Check Quarter: Fall   Winter   Spring

Course Name/Number: _____ / _____   Instructor _____

Allocated hours to be worked this quarter: _____ hours (Please indicate hours for the **entire** quarter)

_____ / _____
Department Approval   Date

** **Department must provide a copy of the Graduate Division exception approval to work over 50% during an academic quarter with this form (if needed)**