

**Division of Social Sciences
APPLICATION FOR READER OR TUTOR**

SECTION I: To be completed by applicant

NAME:

DATE OF BIRTH:

PHONE:

UCSC E-MAIL:

Student Status this quarter?	Registered	If registered, check	Undergraduate	Work-Study
	Not Registered		Graduate	

U.S. CITIZEN? Yes No If No, visa type:

If you are presently working or have ever worked on campus, please indicate date and location of position.

Date: _____ Location: _____

Do you hold a baccalaureate degree or higher? Yes No If yes, please check: BA MA PhD
 If yes, name of university/college from which you received your degree: _____
 Major subject or field? _____ Date received? _____

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 sign employment forms in the Social Sciences Academic Payroll Office (Humanities & Social Sciences, Suite 460) BEFORE YOU BEGIN WORKING.** Please bring I.D. (driver's license and social security card, or passport) when you come to sign forms. Please contact Hannah Hamilton (hlydepp@ucsc.edu) or Mel Scanagatta (mscanaga@ucsc.edu) to schedule a time to sign new hire forms.
- You must not work over the hours allocated to you by your department, or over 50% per month if registered.
- Monthly time records **MUST** be filled out and turned in within the **CURRENT** month.
- Time records submitted to the Academic Payroll Office without your instructor's and/or department manager's signature will **not** be paid. Please check with your department to see if they require departmental signatures.
- Remember, **YOU** are responsible for submitting your time records via CruzPay or to the Academic Payroll Office in order to receive timely paychecks.
- 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: _____
 (Please indicate hours for the *entire* quarter)

Department Approval: _____ Date: _____