

NEW STUDENT PERSONNEL ACTION FORM

MUST PRINT ON WHITE PAPER



Claremont Graduate University

Name (last)	(first) (init)	Mail Stop
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Position Title _____ Cost Center _____ Fund _____ Grant _____ Program _____ Job Family _____	Approvals: Supervisor Name (please print) _____ Signature _____ Date _____ Other Authorized Signature Name (please print) _____ Signature _____ Date: _____
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This information needs to be completed for all students:

Department _____

Hourly Pay Rate _____

Type of Job: (TA/RA/FWS/ADMIN) _____

Job Title: (TA DBOS) _____

Other Comments:

Note: To assure that a correct paycheck will be issued, please forward to the Payroll Department promptly.