**Request for Graduate Assistant, Student Employee, and Dietetic Intern**

**College of Health Professions**

Instructions: Type the information requested in the shaded boxes. Save the document and send it by email to cj@uams.edu. This form needs to be completed each fiscal year.

|  |  |
| --- | --- |
| Date of Request |  |
| Department |  |
| Program |  |

Name of the person requested for the position. Type the name as it should appear for payroll purposes.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| First Name | Middle Name/Initial | Last Name |

What is the person’s contact information?

|  |  |
| --- | --- |
| Address |  |
| City |  | ST |  | ZIP |  |
| County |  |
| Phone Numbers | Cell (Required)  |  | Home |  | Work |  |
| email Address |  |

Is this person currently employed at UAMS? Type X in one box.

|  |  |
| --- | --- |
|  | No, this person is not currently employed at UAMS |
|  | Yes, this person is currently employed at UAMS | SAP Number |  |

Is this person currently employed at another Arkansas state agency? Type X in one box.

|  |  |
| --- | --- |
|  | No |
|  | Yes | Where? |  |

Will this person work at Arkansas Children’s Hospital? Type X in one box. If yes, drug screen and background check will be required by HR. This is done by HR with Career Builder as the vendor.

|  |  |
| --- | --- |
|  | No |
|  | Yes |

Is this person a foreign national? Type X in one box. Provide citizenship and visa information if the person is not a U.S. citizen.

|  |  |
| --- | --- |
|  | No, this person is a United States citizen |
|  | Yes, this person is a foreign national |
|  | This person is a citizen of which country? |  |
|  | What type of visa does this person have? |  |
|  | Submit a copy of the visa with this request form.A 60-day notice is required when hiring, if the individual is a foreign national. |

What are the start and end dates? All should start the first day of the month and end the last day of a month.

|  |  |
| --- | --- |
|  |  |
| Start Date (MM/DD/YY) | End Date (MM/DD/YY) |

**Work Assignment and Requested Compensation**

For which semester’s employee will have work assignment? Type X’s in applicable boxes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fall |  |  |
|  | Spring |  |  |
|  | Summer |  |  |

What will be the employee’s work assignment, i.e., responsibilities? Briefly describe the responsibilities.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Will the employee ever work in patient care areas? Type X’s in applicable boxes. If yes, drug screen will be required through HR with Career Builder as the vendor.

|  |  |
| --- | --- |
|  | No |
|  | Yes – Will provide patient care or clinical services |
|  | Yes – Will supervise in patient care areas |

What will be the financial compensation for the work assignment (**not** hours/week x $/hour)? Type X in one box. Provide the compensation per semester.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Paid | Compensation Total | $ |  |

From which fund(s) will this employee be paid? Type the account number(s) and the percentage allocated from each account, if applicable. Percentages must total 100%.

|  |  |  |  |
| --- | --- | --- | --- |
| Fund/Account  |  |  | **%** |
| Fund/Account |  |  | **%** |

**Physical Requirements**

Stand. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Sit. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Walk. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Bend, crawl, crouch, kneel, stoop, or reach. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Lift and carry weight. Type X in one box.

|  |  |
| --- | --- |
|  | 10 lbs. or less |
|  | 11-25 lbs. |
|  | 26-50 lbs. |
|  | 51-99 lbs. |
|  | 100+ lbs.  |

Push and pull weight. Type X in one box.

|  |  |
| --- | --- |
|  | 10 lbs. or less |
|  | 11-25 lbs. |
|  | 26-50 lbs. |
|  | 51-99 lbs. |
|  | 100+ lbs.  |

Use hands to touch, handle, or feel. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Talk. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Hear. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Taste or smell. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Read, concentrate, think analytically. Type X in one box.

|  |  |
| --- | --- |
|  | Never |
|  | Occasionally |
|  | Frequently |
|  | Continuously |

Physical environment (Select all that apply)

|  |  |
| --- | --- |
|  | Inside Classroom Setting |
|  | Inside Office Environment  |
|  | Inside Medical Facility Environment |
|  | Inside Laboratory Environment |
|  | Outdoor Weather Conditions |

Noise Level. Type X in one box.

|  |  |
| --- | --- |
|  | Quiet |
|  | Moderate |
|  | Loud |

Visual Requirements (Select all that apply)

|  |  |
| --- | --- |
|  | Near visual acuity |
|  | Far visual acuity |
|  | Color discrimination |
|  | Depth perception |
|  | Not required |

Hazards (Select all that apply)

|  |  |
| --- | --- |
|  | None |
|  | Biological |
|  | Chemical |
|  | Electrical |
|  | Radiation |
|  | Fumes/Gases/Odors |
|  | Sharp objects/Tools |
|  | Dust |
|  | Heavy Machinery |

Other Information or Comments

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Name of Requester |  |
| Contact Person (if different from the Requester) |  |

**Save a copy of this request for your file. Then, email an electronic copy of the request along with a copy of the graduate assistant’s current CV or resume to CJ Carrell at cj@uams.edu.**