



GRADSWEP STUDENT SELECTION FORM

Please return the completed form to: sgs@mun.ca

Grant Holder: _____ Phone No.: _____

Department: _____

Job ID Number: (see top left hand corner of Orbis Posting Detail tab): _____

Semester:

Spring 2024

Fall 2024

Winter 2025

PLEASE COMPLETE THE FOLLOWING SECTION

I can confirm the following:

The student is currently registered full-time graduate student at Memorial University

The student will not work more than 150 GradSWEP hours in a semester (75 hours per position during the applicable semester)

I have informed the student that they must abide by the guidelines set by the School of Graduate Studies as to the maximum allowable employment hours, currently set at 24 hours per week (i.e., a GradSWEP position will not cause the student to exceed the maximum allowable hours when combined with other employment).

Grant Holder's/Administrative Signature: _____

The following students have been hired for this position (*please enter student's name, number and email address and place an "X" to indicate number of hours*):

| Student Name | Student Number | Student Email | 75 hrs. | 150 hrs. |
|--------------|----------------|---------------|---------|----------|
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It is imperative to complete the section (FOAP) for transfer of funds and return during the students' first week of work. Please notify us as soon as possible if the student(s) are unable to complete the hours specified. Payroll processing for GradSWEP students is submitted to the School of Graduate Studies. Email sgs@mun.ca for more information.

| FUND | | | | ORGANIZATION | | | | ACCOUNT | | | | PROGRAM | | | |
|------|--|--|--|--------------|--|--|--|---------|--|--|--|---------|--|--|--|
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