

HLS Teaching Assistant/Fellow Set-Up Form

PART 1:

Manager/Supervisor – Please supply the following information

Billing Code

| 2 6 | 5 | | | | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | |
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| This Teac | chir | ng Assi | istan | t/Fell | ow i | s wo | rking | for | | | | | | | | | | | | | | | | | | | | | | |
| Manager | 's l | Name _. | | | | | | | | | | | | | | | | | | | _ F | Pho | nε | e Nu | ıml | ber | | | | |
| Manager | 's S | Signatı | ure _ | | | | | | | | | | | | | | - | | | | | _ | | | | | | | | |
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| Name: Social Security #: Local Address: | | | | | | | | | | | | Ex | irvar pecto rmai | ed G | ara | dua | tior | n Da | ate | : | | | | | | | | | | |
| | Date of Birth: | | | | | | | | | | | | | | US Citizen? ☐ Yes ☐ No If no, country of citizenship | | | | | | | | | | | | | | | |
| Dhona N | Mir | nhar: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |