

**HARVARD UNIVERSITY**  
FACULTY OF ARTS AND SCIENCES

DEPARTMENT OF GOVERNMENT  
CAMBRIDGE, MASSACHUSETTS 02138  
(617) 495-2149  
(617) 495-0438 FAX

**TEACHING FELLOW PAYROLL FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Harvard ID # \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In which GSAS department are you a degree candidate? \_\_\_\_\_ G-year: \_\_\_\_\_

Date you passed Generals: \_\_\_\_\_ Years teaching at Harvard: \_\_\_\_\_

Non-GSAS students please indicate Harvard affiliation: \_\_\_\_\_

Years enrolled at Harvard: \_\_\_\_\_ Years teaching at Harvard: \_\_\_\_\_

Non-Harvard individuals please indicate home institution: \_\_\_\_\_

*\* Individuals who are not registered in a Harvard degree program must submit a C.V. or resume*

Please list below only those Department of Government courses and the number of sections for which you have received the instructor's permission to teach this semester (include all tutorials and thesis advising) and, for courses with enrollments of 100+, indicate if you are a Head Teaching Fellow:

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

List below all teaching appointments outside of the Department of Government for the current term:

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_ Sections: \_\_\_\_\_ Head TF? \_\_\_\_\_

All appointments are contingent upon preliminary enrollments. Department of Government courses must have a minimum of 18 FAS/GSAS students to guarantee the first section. As such, appointments are not guaranteed until after Study Cards have been submitted and enrollment figures have been confirmed.

Signature: \_\_\_\_\_

**PLEASE RETURN TO THIS FORM, along with the I-9, M-4, W-4 and Direct Deposit form, to  
THOM WALL, GRADUATE COORDINATOR, DEPARTMENT OF GOVERNMENT**