



Payroll Authorization - Part-Time Graduate Assistant

Completed by Hiring Department

Instructions: A new payroll authorization form is required for each semester. This form is used for Graduate Students working in their field of study. All other student employment would fall under Work-Study or Regular Student Employment. New student employees must complete a W-4 and I-9 with Human Resources prior to beginning employment. Employees working with students, and/or confidential information will require a background check. All GA assignments are paid semi-monthly on a stipend. **All international GA's on F1 Visa's may not exceed 20 working hours per week per DOL regulations. Domestic GA's may work up to 25 hours per week.**

Today's Date _____

Student ID _____

First Name _____ MI _____

Last Name _____

Assignment Description:

Graduate Assistant: _____

Payment Schedule: Stipend or Hourly

Stipend Per Pay Period/Hourly Rate _____ Total Authorized _____ Grants Review if Applicable: _____

Beginning Date: _____ - Ending Date: _____ Average Work Hours per Week _____
(MM/DD/YY) (MM/DD/YY)

Budget Account _____ - _____ - _____ Department _____

Additional Benefits:

Please share additional benefits provided to the GA. Additional benefits may include, but are not limited to; tuition expenses, room & board, and/or meal credits. All tuition benefits must be submitted to the Financial Aid Office directly.

Additional Benefit Description _____ Value _____

Supervisor Acknowledgment:

By signing below, I, _____, acknowledge and accept responsibility for ensuring that the above listed GA will not exceed a total of 20 working hours per week for F1 GA's or 25 working hours per week for domestic GA's. I also acknowledge that the above listed GA is performing GA related work relevant to his or her degree in _____

Direct Supervisor Signature _____

Date _____

Authorizing Signatures:

Department Budget Manager - Signature _____

Department Budget Manager - Printed Name _____

Date _____

Director/Dean - Signature _____

Director/Dean - Printed Name _____

Date _____

HR Manager - Signature _____

HR Manager - Printed Name _____

Date _____

HR Use Only

Classification: GR, Ph.D, PS (circle one)

International Student: _____

Total registered hours:

Summer: _____ Fall: _____ Spring: _____

Position Code: _____