



Graduate Assistant Employment Approval Form (GAEAF)

CHECK ONE:

Hire []

Change (or for Extensions less than 20 days) []

Terminate Contract []

Supervisor must include an Assistantship Letter signed by the student
FIRST TIME HIRES cannot work before completing New Student Employee Orientation. They must bring the following:
Signed W-4
Signed I-9 with required documentation
Direct Deposit Agreement
ACA Acknowledgement
Notice of Non-Discrimination
Orientation information provided by the Career Center

Name:
CWID:
Local Address:
Phone: () -
CofC Email: @g.cofc.edu
Citizenship Information: U.S. Citizen Yes [] No []
South Carolina Residency: In-State [] Out-of-State []
Visa: F1 [] J1 [] Expiration Date:
Permanent Resident: [] Expiration date:
Resident Alien: [] Expiration date:
Passport # or A #:

Employing Department: _____

Supervisor: _____ Email: _____

Student's Graduate Program: _____

Rate of Pay \$21.00 PER HOUR

Begin Date: _____ End Date: _____
Contracts should adhere to the term dates on the academic calendar. New students cannot start before the first day of class of their first term.

Workload guide: full-time 20 hours/week 300 hours/semester \$12,600 total for fall & spring
*assistantships cannot half-time 10 hours/week 150 hours/semester \$6,300 total for fall & spring
be less than half-time

Table with 6 columns: Hours per Week, Est. Earnings, Banner Index, Funding Source, Percent, SOC Code

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION ON THIS CONTRACT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT FULL RESPONSIBILITY FOR NOTIFYING THE STUDENT EMPLOYMENT COORDINATOR OF TERMINATION IN A TIMELY MANNER ENSURING THE ADMINISTRATION OF THE CORRECT PAY.

Supervisor (person approving timesheets): _____ Date: _____

Graduate Program Director: _____ Date: _____

Graduate Dean (submit to Robyn Olejniczak for this signature): _____ Date: _____

Student Employment Coordinator: _____ Date: _____