



Research Assistant Employment Approval Form (RAEAF)

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: <i>local address not yet required for first-time students only</i>	
Phone: () -	
CofC Email: @g.cofc.edu	
Citizenship Information: U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, complete below. US Social Security card is required)</i>	South Carolina Residency: In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/>
Visa: F1 <input type="checkbox"/> J1 <input type="checkbox"/>	Expiration Date:
Permanent Resident: <input type="checkbox"/>	Expiration date:
Resident Alien: <input type="checkbox"/>	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 be less than half-time* half-time 10 hours/week 150 hours/semester \$6,300 total for fall & spring

Hours per Week	Est. Earnings	Banner Index	Funding Source	Percent	Class Code
	\$,				S7
	\$,				S7

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. *By signing and submitting this form, I agree to approve my Graduate Assistant's work hours on MyCharleston/MyPortal. I understand that these timesheets must be completed on the 16th and the 1st of each month of employment.*

Supervisor (person approving timesheets): _____ Date: _____

Graduate Program Director: _____ Date: _____

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

Student Employment Coordinator: _____ Date: _____