COLLEGE of CHARLESTON
GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

Teaching Assistant Employment Approval Form (TAEAF)

CHECK ONE: **Hire** ☐ **Change (Account Number / Address / Etc.)** ☐ **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**

Forms and Orientation sign up on the Career Center's website

Name:

CWID:

Local Address:
local address not yet required for first-time students only

Phone: ( ) -

CofC Email: @g.cofc.edu

Citizenship Information:

U.S. Citizen? Yes ☐ No ☐
(If no, complete below. US Social Security card is required)

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: _____

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. Pay is distributed evenly across the pay periods within the employment dates.

Earnings guide:	full-time	20 hours/week	● Biology, Physics	$16,250 total for fall & spring
**assistantships cannot*	half-time	10 hours/week	and Geology	$8,125 total for fall & spring
be less than half-time	full-time	20 hours/week	● All other academic	$13,500 total for fall & spring
	half-time	10 hours/week	departments	$6,750 total for fall & spring

Hours per Week	Total Earnings	Banner Index	Funding Agency	Percent	SOC Code
	$,				25-9044
	$,				25-9044

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: _____ Date: _____

Graduate Program Director: _____ Date: _____

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

Student Employment Coordinator: _____ Date: _____