



GRADUATE ASSISTANT APPOINTMENT/REAPPOINTMENT FORM

Appointment Deadlines

Fall: July 1 | Spring: November 15 | Summer: April 1

Deadline to receive tuition waivers

Fall: August 7th | Spring: January 5th | Summer: June 2nd

Tuition waivers will not be applied after these dates.

*Forms will be processed within 3-5 business days after receipt.

Position Number *:

Name:	Appointment Type:
Panther Number (#):	EMPLID (Reappointments and Rehires):
GSU E-Mail:	Term:
Supervisor:	Enrollment Status:
Department:	Waiver:
Residency: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	FTE:
Does student have an additional Appointment?	If so, where?

- Commented [DCB1]:**
Please refer to the Graduate Assistant Appointment Type Description document.
- Commented [DCB2]:** A reappointed or rehired GA must provide their 7 digit USG employee ID.
- Commented [DCB3]:** The supervisor of record will be responsible for approving time in ADP and answering any HR related questions in regard to the appointment.
- Commented [DCB4]:** Supervisor must indicate the best fit department. If an additional department is needed, please inform Dana Brown directly.
- Commented [DCB5]:** Please forward any special approvals from the dean and associate dean of administration and finance.
- Commented [DCB6]:** Student must indicate residency status.
- Commented [DCB7]:** Supervisor must indicate the average minimum hours expected to work during their appointment.
- Commented [DCB8]:** Please indicate the department or area the additional appointment is to take place.

I have read and understand the requirements and policies for Graduate Research Assistantship in the College of Law. I understand that I may not serve in any other employment category in another department or college except as a GRA. I understand that withholding of taxes from my salary will vary depending on my tax filing status and that a tuition waiver will not be applied to my account after the semester deadline date.

Student Signature: _____ Date: _____

TO BE COMPLETED BY HIRING OFFICIAL

I certify that I am employing the above student as a graduate research assistant for the semester(s) indicated. The student has met eligibility requirements to be employed by the term(s) indicated. I further certify that the student will be managed in accordance with guidelines as outlined in the University's graduate assistant policy and the College's graduate assistant employment manual.

Requestor Signature: _____ Date: _____

Return Completed Forms to 432

FOR OFFICE USE ONLY		
<p>Student Meets Academic Standing Requirement:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Waiver Entry:</p> <p>Fall - Date: _____ Code: _____</p> <p>Spring - Date: _____ Code: _____</p> <p>Summer - Date: _____ Code: _____</p>	<p>PPGRA Entry:</p> <p>Date: _____</p>



FOR STUDENT BEING HIRED BY STUDENT'S **OWN** PROGRAM
GRADUATE ASSISTANT PERSONNEL ACTION FORM
 [Complete Shaded Areas]

PF2A-1

SECTION A:

Hiring Department College of Law Budget Number (9 Digits) 181000000

Appointment term: _____ Supervisor's/Initiator's Name: _____

SECTION B: Please provide information about all assistantships (and funding sources) being offered to a **single student**.

Name (Last, First, M.I.)	Panther #	Employee ID#	Title/Level	FTE	Speedtype	Total Compensation	Per month compensation	Start Date	End Date

SECTION C:

Does student have another graduate assistantship?	Is this an <input type="checkbox"/> internal or <input type="checkbox"/> external position? For external, for which department: _____	How many hours will you work per week for additional position(s)? _____
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I have received a copy of the university's Graduate Assistant Policy and I am aware of the mandatory HR orientation course/session/class.

Supervisor's/Initiator's signature _____ Date _____

Student's signature _____ Date _____

SECTION D: Please provide any pertinent comments for processing: _____

SECTION E:

HR Coordinator _____ Date _____
 Authorized Name and signature for Budget Unit _____ Date _____
 Dean, VP, Provost, or President (or authorized designee, as required) _____ Date _____

If student has not worked at Ga. State University in the last 6 months, please provide student with a copy of this form to take to HR for hire packet purposes.

FORM PF2A-1 (OWN PROGRAM) - Revised 2/10/17

- Commented [DCB9]:** Information will appear based on input on first page.
- Commented [DCB10]:** Information will appear based on input on first page.
- Commented [DCB11]:** Information in fields below will appear based on input from first page.
- Commented [DCB12]:** This information will be completed when processed.
- Commented [DCB13]:** Information will appear based on input on first page.
- Commented [DCB14]:** Please indicate if the position is within the College of Law or external to the College of Law.
- Commented [DCB15]:** Information will appear based on input on first page.