



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

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? |

| FTE Average # hours/week | Average # hours/week | Total # of Hours for Month-Month Graduate Assistants per Pay Block | Total # hours for Semester by Semester Graduate Assistant per Pay Block |
|--------------------------|----------------------|--|---|
| 20% | 8 | 140 | 120 |
| 25% | 10 | 175 | 150 |
| 30% | 12 | 210 | 180 |
| 35% | 14 | 245 | 210 |
| 40% | 16 | 280 | 240 |
| 45% | 18 | 315 | 270 |
| 50% | 20 | 350 | 300 |

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. I understand that dropping below the required minimum credit hours of academic coursework during the term and/or having a GPA below the requirement may result in the loss of assistantship appointment as well as additional financial obligations to the University.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY HIRING OFFICIAL

Graduate Assistant Funding Source:

| | | |
|---|--|------------------------------------|
| Scholar GRA Funding (LADM5) | State Funding - Departmental Account _____ | State Funding - Project Name _____ |
| State Funding (LINS2) - <i>Requires Dean's Approval</i> | Sponsored Funding - Project Name _____ | |

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 ROOM 432 COL **For Office Use**

| | | |
|--|--------------------|-------------------|
| | Waiver Date | PPGRA Date |
| Student Meets Academic Standing [] Yes [] No | _____ | _____ |



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 |
|----------------------------|-------------|--------------|-------------|-----|-----------|--------------------|------------------------|------------|----------|
| | | | GRA/1 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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)? |
|---|--|---|

☛ 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'/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.