



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

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) - Requires Dean's Approval	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)?
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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'/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.