

# GRADUATE ASSISTANTSHIP AUTHORIZATION FORM

Banner ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Foreign National: Yes No Enrolled for Semester: Yes No

Home Org: \_\_\_\_\_ Home Dept: \_\_\_\_\_

Check Dist: \_\_\_\_\_ District/Div: \_\_\_\_\_ Location ID: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position #: \_\_\_\_\_ Suffix #: \_\_\_\_\_ Title: \_\_\_\_\_

FTE: \_\_\_\_\_ Hours Per Pay: \_\_\_\_\_ Mo Rate: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

See instructions for calculation of monthly rate and annual salary.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Approval Signatures:

\_\_\_\_\_  
Department Dean

\_\_\_\_\_  
Provost

Date Prepared: \_\_\_\_\_ Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Notify EPAF Approval GID: \_\_\_\_\_

This form is to be used for graduate assistant appointments. Please complete the form and attach a copy of the Social Security Card, Personnel Data Form, I-9 and any other supporting documents and forward them to the Department of Human Resources.

**Name:** as it appears on the Social Security Card.

**Home Departmental Organization:** a 6 digit number assigned by finance.

**Check Distribution:** an alpha/numeric code where the check advice will be sent.

**District/Division:** a 3 digit number for the division this department reports to.

**Location ID:** a 6 digit number to show the location of the job. This is used for mail outs.

**Begin date:** the date the job begins.

**End date:** the date the job is expected to end.

**Position number:** the departmental position the employee is assigned to.

**Suffix:** a 2 digit number.

**Title:** the title given the employee if different from the Position title.

**FTE:** Percent of time of the appointment

**Hours Per Pay:** Hours in the month times FTE for which the employee will be paid

Example:  $173.33 \times 50\% = 86.67$

**Monthly Rate:** Approved salary divided by the number of months in assignment equals monthly rate.

**Annual Salary:** Monthly rate multiplied by 12 equals annual salary.

**Comments:** any additional information necessary to the reason for the appointment.

**Approval signatures:** signatures from the Department, Dean & Provost offices.

**Date Prepared:** the date the form was prepared.

**Prepared by:** the name of the person who prepared the form.

**Phone number:** the number where the person who prepared the form can be reached.

**Notify EPAF Approval GID:** Global ID of the person to receive the FYI notification that the EPAF has been applied to the system. Ex: mouseml