



Graduate Assistantship Rehire Form

EMPLOYMENT INFORMATION:

Student Name: _____ Employee ID #: _____

Employing Department: _____ Campus Box #: _____

Department Account #: _____ Dept. Phone #: _____

Departmental Graduate Assistantship Supervisor: _____

Is the student employed by another office at GCSU? Yes No

If yes, please indicate the department: _____

Stipend: \$_____ per semester

Semester of Appointment _____

TO BE COMPLETED BY GRADUATE ASSISTANTSHIP SUPERVISOR:

By signing below I certify that I have confirmed the graduate assistant's award and eligibility for continued employment. I accept responsibility for monitoring the graduate assistant's earnings and use of departmental funds.

Supervisor's Signature: _____ Date: _____

Graduate Coordinator's Signature: _____ Date: _____

TO BE COMPLETED BY GRADUATE ASSISTANT DURING REHIRING PROCESS:

I have to make the following changes to my employment information and I understand that I am responsible for getting the necessary changes to Human Resources in a timely manner.

- Name/Address Change
- Emergency Contact Change
- Tax Information Change
- Direct Deposit Changes
- No changes to employment information

Student's Signature: _____ Date: _____

*****Please attach the necessary documents for your changes to this form and send or deliver to Human Resources.***
You must send a copy of this form to your academic dean.**
