



## Graduate Assistantship Rehire Form

### EMPLOYMENT INFORMATION:

Student Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Email address: \_\_\_\_\_ Student ID # (911...) \_\_\_\_\_

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.**