

GRADUATE ASSISTANT Rate Sheet

Action New Employee Re-appointment Additional Position/Assignment Merit Raise *(evaluation form required)*

Name _____

Andrews ID # _____

OPTIONAL

Effective Start Date _____

End Date _____

(dept must still ensure no longer on timeclock)

School/Department Making Appointment		Type of Assistantship	
College/School—check one	Department Name (and orgn#)—fill in	Check (one) primary type	
<input type="checkbox"/> Architecture		<input type="checkbox"/>	Administrative
<input type="checkbox"/> Arts & Sciences		<input type="checkbox"/>	Required for Admin GA--enter code: ____ - ____ - ____ - ____ <i>see Admin GA Codes</i>
<input type="checkbox"/> Business			
<input type="checkbox"/> Education			
<input type="checkbox"/> Graduate Studies		<input type="checkbox"/>	Research
<input type="checkbox"/> Health Professions		<input type="checkbox"/>	Teaching (Classroom/Laboratory)
<input type="checkbox"/> Seminary			
<input type="checkbox"/> Other:			

Hours/Week

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Recommended Level* _____

Recommended Rate* \$ _____

Clock # _____ *(see [Clock List](#))*

**For guidelines on grade level and wage rate, please see [Student Wage Scale](#)
Please attach brief job description if rate is above the max of level C*

Fund	Orgn	Account	Program	Activity																						
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APPROVALS *(signatures)*

Immediate Supervisor ID# Date

Dean's Office Date

Dept Chair Date

Human Resources Use Only

I-9 Received Date _____ If not US Citizen/PR, visa expire _____ Employee Class ZR Position # _____

TMST _____ Entered in Banner _____ Date _____

HR Approval _____

Date _____