



Office of Student Financial Services

GRADUATE ASSISTANT WORK AUTHORIZATION FORM

Student's Name: _____
Social Security Number: _____
Department Name: _____
Approved GA Stipend Amount: _____

Period of Employment: _____ to _____
Start Date End Date

Table with 2 columns: SFS Use Only, Recvd?. Rows include I9 Form, W4 Form, Direct Deposit, Assistantship Form.

Table with 6 columns: Starting Date, Ending Date, Starting Date, Ending Date, Starting Date, Ending Date. Lists dates from 8/1 to 8/25 and 9/20 to 10/14.

Important Notice:

All GA students are considered "salaried" non-exempt. Please see the GA Policies and Procedures that have been forwarded to Department Supervisors; these are also available on the Student Financial Services Office website. GA students must submit a timecard, signed by the Department Supervisor, for each pay period.

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Student Financial Services: _____ Date: _____