

Murray State University

Student and Graduate Assistant Personnel Action Form

A completed I-9 form must be attached for all new student or graduate assistant employees.

Federal Workstudy eligibility must be verified with Student Financial Aid prior to submitting this form.

1) Current Date		Form must be typed.			2) MSU ID#			
3) Last Name		First Name		Middle Initial		4) Date of Birth (mm/dd/yyyy)		
5) Permanent Address							6) Permanent Phone #	
(Street)		(City)		(State)		(Zip)		
Local Address							7) Cell Phone #	
(Street)		(City)		(State)		(Zip)		
8) Gender							<input type="checkbox"/> Male <input type="checkbox"/> Female	
9) E-mail Address			10) U.S. Citizen		11) Residency			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-State <input type="checkbox"/> Out-Of-State			
12) Employment Action				13) Type of Employment				
<input type="checkbox"/> Hiring <input type="checkbox"/> Resignation <input type="checkbox"/> Termination				<input type="checkbox"/> Univ Stdnt <input type="checkbox"/> Fed-Wrk Stdy <input type="checkbox"/> Grad Asst				
14) Period of Employment				15) Fiscal Year		16) Pay Rate		
<input type="checkbox"/> Academic Year (Fall & Spring) <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only <input type="checkbox"/> Summer				20__ - 20__		\$ _____ Hourly \$ _____ Pay Per Semester		
17) Ethnicity		18) Distribution of Pay (GA Students Only)			20) Effective Date of Action			
Check one of the following: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Four Equal Payments <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other (Explain Below in #24)			_____ 20__			
		19) Max. # of Hours Per Week			Last Day of Work			
		_____			_____ 20__			
21) FOAPAL Information								
Dept/FOAPAL Name _____				Position # _____ Student <input type="checkbox"/> Fed Wrk Stdy <input type="checkbox"/>				
Contact Name _____				Phone # _____				
GA ONLY								
<input type="checkbox"/> Teaching				<input type="checkbox"/> Research				
<input type="checkbox"/> Academic				<input type="checkbox"/> Administrative				
COA	Fund	Organization	Account	Program	Cost or Percent			
							%	
							%	
							%	
							%	
22) Timesheet Organization				23) Work Duties/Assignments				
24) Remarks								
STUDENT MUST BE ENROLLED AT LEAST HALF-TIME (MIN. OF 6 HRS) TO BE ELIGIBLE FOR UNIV. STUDENT EMPLOYMENT PROGRAM. CHECK WITH PROVOST OFFICE FOR ELIGIBILITY REQUIREMENTS FOR GRAD. ASSISTANTSHIPS. INTERNATIONAL STUDENTS CAN ONLY WORK 20 HRS PER WEEK WITH ANY TYPE OF EMPLOYMENT.								
FOR OFFICE USE ONLY				25) Signatures Required for Employment				
Initialed: _____ Date: _____ I-9 Form: _____ Y _____ N				Highlighted lines for GA's Only				
Primary/Home Organization: _____ Secondary Organization: _____				Department Chairman or Supervisor _____ Date _____				
Withholdings: W-4 _____ K-4 _____ FICA _____ Municipal _____				Dean or Director _____ Date _____				
Budget Funding				University Graduate Coordinator _____ Date _____				
Reduce Funds \$ _____ To _____ Add Funds \$ _____ Source _____				FOAPAL Manager (for Student Employment Only) _____ Date _____				
Student/Graduate Assistantship employment is at will and may be terminated at any time without cause.				Student Employment Officer (for all positions) _____ Date _____				