



Teaching Assistant Employment Approval Form (TAEAF)

CHECK ONE:

Hire

Change (Account Number / Address / Etc.)

Terminate Contract

TAEAF Documents	
The Following Items Must Be Included With This Form	
Contract Letter	<input type="checkbox"/>
Signed W-4	<input type="checkbox"/>
Signed I-9 with All Documentation	<input type="checkbox"/>
Direct Deposit / Payroll Card Form	<input type="checkbox"/>
Healthcare Acknowledgement Form	<input type="checkbox"/>

Name:	
CWID:	
Address:	
Phone:	
CofC Email:	
Citizenship Information:	South Carolina Residency:
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please choose status below)</i>	In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/>
Visa: F1 <input type="checkbox"/> J1 <input type="checkbox"/>	Expiration Date:
Permanent Resident: <input type="checkbox"/>	Expiration date:
Resident Alien: <input type="checkbox"/>	Expiration date:
Passport # or A #:	

Employing Department: _____

Supervisor: _____ Phone: _____

Student's Graduate Program: _____

Employment Begin Date: _____ **Employment End Date:** _____

(Note: Contracts may not run past June 30th of the given calendar year).

Hours per Week	Total Earnings	6-Digit Account #	Funding Agency	Percent	SOC Code
					25-1191
					25-1191

Abatement Information (for Non-Resident Students)

Term and Year:	Fall /	Spring /
Expected hours of enrollment:		

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION ON THIS CONTRACT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT FULL RESPONSIBILITY FOR NOTIFYING THE STUDENT EMPLOYMENT COORDINATOR OF TERMINATION IN A TIMELY MANNER ENSURING THE ADMINISTRATION OF THE CORRECT PAY. *By signing and submitting this form, I agree to record my Graduate Assistant's (8005) work hours on MyCharleston. I understand that these timesheets must be completed on the 16th and the 1st of each month of employment.*

Supervisor (Person Approving Timesheets): _____ Date: _____

Program Director: _____ Date: _____

Graduate Dean: _____ Date: _____

Student Employment Coordinator: _____ Date: _____