



Research Assistant Employment Approval Form (RAEAF)

CHECK ONE:

Hire ☐

Change (Account Number / Address / Etc.) ☐

Terminate Contract ☐

RAEAF Documents

The Following Items **Must**
Be Included With This Form

Contract Letter ☐

Signed W-4 ☐

Signed I-9 with All
Documentation ☐

Direct Deposit /
Payroll Card Form ☐

Healthcare
Acknowledgement
Form ☐

Name:

CWID:

Address:

Phone:

CofC Email:

Citizenship Information:

U.S. Citizen? Yes ☐ No ☐
(If no, please choose status below)

South Carolina Residency:

In-State ☐ Out-of-State ☐

Visa: F1 ☐ J1 ☐

Expiration Date:

Permanent Resident: ☐

Expiration date:

Resident Alien: ☐

Expiration date:

Passport # or A #:

Employing Department: _____

Supervisor: _____ Phone: _____

Student's Graduate Program: _____

Rate of Pay: \$20.67 PER HOUR

Employment Begin Date: _____ **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	Class Code
					S7
					S7

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: _____