

Graduate Assistant Employment Approval Form (GAEAF)

CHECK ONE:	Hire Cha	nge (Accou	unt Number / Ac	ldress / Etc.)	Terminate	Contract	
GAEAF Documents	Name:						
The Following Items Must Be Included With This Form	CWID:						
Contract Letter	Address:						
	Phone:						
Signed W-4	igned W-4 CofC Email:						
	Citizenship Info	ormation:		South Carolina	Residency:		
Signed I-9 with All Documentation	U.S. Citizen? (If no, please	Yes e choose sta	No tus below)	In-State	Out-of-Sta	ate	
Direct Deposit / Payroll Card Form	Visa:	F1	J1	Expiration Dat	te:		
	Permanent Residen	Permanent Resident:		Expiration date:			
Healthcare Acknowledgement	Resident Alien:			Expiration date:			
Form	Passport # or A #:	Passport # or A #:					
Employing Department	ent:						
Supervisor: Email:							
Supervisor:			Emai	:			
Supervisor: Student's Graduate							
Student's Graduate	Program:						
	Program:	segin Date	:		:		
Student's Graduate	Program:	Segin Date (Note: Cor	:	End Date	e: ne end of the F		
Student's Graduate Rate of Pay \$20.6	Program:B7 PER HOUR B	Segin Date (Note: Cor	tracts may not r	End Date un past June 30 th , th	e: ne end of the F	iscal Year)	
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Student's Graduate Rate of Pay \$20.6 Hours per Week	Program: 7 PER HOUR Total Earnings Abatement In	egin Date (Note: Cor 6-Digi	t Account #	End Date un past June 30 th , th Funding A	e: ne end of the F gency	iscal Year)	
Rate of Pay \$20.6 Hours per Week Term and Year:	Program:B 7 PER HOUR B Total Earnings Abatement In	Gegin Date (Note: Cor 6-Digi	t Account #	End Date un past June 30 th , th Funding A	e: ne end of the F gency	iscal Year)	
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