



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 [ ]

New hires should bring the following to Career Center's orientation:

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:
South Carolina Residency:
U.S. Citizen? Yes [ ] No [ ]
In-State [ ] Out-of-State [ ]
Visa: F1 [ ] J1 [ ] Expiration Date:
Permanent Resident: [ ] Expiration date:
Resident Alien: [ ] Expiration date:
Passport # or A #:

Employing Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Graduate Program: \_\_\_\_\_

Rate of Pay: \$20.67 PER HOUR

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Table with 6 columns: Hours per Week, Total Earnings, 6-Digit Account #, Funding Agency, Percent, Class Code. Rows show S7 class code.

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.

Supervisor (Person Approving Timesheets): \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Student Employment Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_