

Teaching Assistant Employment Approval Form (TAEAF)

CHECK ONE:	Hire	Change (Account Nur	iber / Addre	ess / Etc.) [l ermir	nate Contract	
TAEAF Documents Name:							
The Following Items Mu Be Included With This Fo							
Contract Letter	Address						
New hires should brin the following to Caree		Phone:					
Center's orientation:		CofC Email:					
Signed W-4	Citizenship	Citizenship Information: South Carolina Residency:					
Signed I-9 with All Documentation	U.S. Citizen? (If no,	U.S. Citizen? Yes No In-State (If no, please choose status below)				f-State	
Direct Deposit / Payroll Card Form	Visa:	Visa: F1 J1 Expiration					
	Permanent Re	Permanent Resident: Expirati					
Healthcare	Resident Alier	Resident Alien: Expiration date:					
Acknowledgement - Form	Passport # or	Passport # or A #:					
Employing Department:							
Supervisor:Email:							
Student's Graduate Program:							
Employment Begin Date: Employment End Date:							
(Note: Contracts may not run past June 30 th of the given calendar year).							
Hours per Week	Total Earnings	6-Digit Account #	Funding Agency		Percent	SOC Code	
						25-1191	
						25-1191	
		nt Information (for N	on-Reside				
Term and Year: Fall /				Spring /			
Expected hours of enrollment:							
FULL RESPONSIBILITY F THE ADMINISTRATION O	FOR NOTIFYING THE ST OF THE CORRECT PAY.	RMATION ON THIS CONTRA UDENT EMPLOYMENT COC By signing and submitting this nust be completed on the 16 th	RDINATOR OF form, I agree to	F TERMINATIO o record my Gra	N IN A TIMELY MA aduate Assistant's (ANNER ENSURING	
Supervisor (Person Approving Timesheets): Date:							
Program Director:					Date:		
Graduate Dean:					Date:		
Student Employment Coordinator:					Date:	· · · · · · · · · · · · · · · · · · ·	