

**CHECK ONE:**

Hire

Change (Account Number / Address / Etc.)

Terminate Contract

<b>RAEAF Documents</b>	
The Following Items <b>Must Be Included</b> 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"/>

<b>Name:</b>	
<b>CWID:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>CofC Email:</b>	
<b>Citizenship Information:</b>	<b>South Carolina Residency:</b>
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: \_\_\_\_\_

**Rate of Pay: \$20.67 PER HOUR**

**Employment Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

*(Note: Contracts may not run past June 30<sup>th</sup> of the given calendar year).*

Hours per Week	Total Earnings	6-Digit Account #	Funding Agency	Percent

**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 16<sup>th</sup> and the 1<sup>st</sup> of each month of employment.*

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

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

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

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