



## GRADUATE ASSISTANT CONTRACT

### FOR SUPERVISOR TO COMPLETE

Student Name: \_\_\_\_\_ Department: \_\_\_\_\_

Student ID: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employee ID (if current employee): \_\_\_\_\_

### STIPEND AMOUNT AND HOURS WORKED

You are hereby offered a graduate assistantship in the above named department for the semesters indicated below. Your tuition payment for this semester will be reduced to \$25.00 but you will be required to pay all mandatory Student Service, Student Activity Center, Athletic and Technology Fees each semester.

<u>Semester/Year</u>	<u>Dates to Work</u>	<u>Stipend Amount</u>	<u>Total Hours to Work</u>
Fall _____	_____	\$ _____	_____
Spring _____	_____	\$ _____	_____
Summer _____	_____	\$ _____	_____

### MANDATORY INSURANCE

The University System of Georgia requires that all students employed as Graduate Assistants participate in a mandatory student health insurance program. The policy is administered by Pearce and Pearce, Inc.

The cost of the policy for each semester will be added to your ASU bill of tuition and fees and must be paid by the published dates for fee payment each semester. Spring and summer are counted as one semester so the fee is slightly higher than the fall amount.

If you have health insurance coverage through a parent, spouse, company or organization as part of a group coverage, you may apply for a waiver from the mandatory policy. You must submit your waiver application online through the company website at [www.studentinsurance.com](http://www.studentinsurance.com). Waiver requests typically take 3-5 days for approval but may take longer during peak processing times. You will receive an email when your request is approved or denied. The University will also receive notification and will adjust your account to remove the fees.

You may log in to [www.studentinsurance.com](http://www.studentinsurance.com) and create an account. You will be able to print an ID card and submit claims through the website. Once you create an account, an insurance card will be mailed to you. If you have specific questions regarding coverage, you may contact 1-888-622-6001 or email [aug@studentinsurance.com](mailto:aug@studentinsurance.com).

### 2008-2009 Mandatory Graduate Insurance Program Premiums

<b>Premiums:</b>	<b>Fall (8/15/08-01/03/09)</b>	<b>Spring/Summer (01/04/09-8/14/09)</b>
Student ONLY	\$407.00	\$539.00
Spouse ONLY	\$1,266.00	\$1,677.00
One Child	\$638.00	\$845.00
2 or more Children	\$1266.00	\$1677.00

Students who already have insurance can waive this insurance policy online at [www.studentinsurance.com](http://www.studentinsurance.com). They should provide proof of this waiver when submitting this employment packet.

### EMPLOYMENT PACKET

Student and supervisor have reviewed employment packet and confirmed that the required Career Center and Human

Resources forms listed below are completed. Please check each item after verifying that it is complete. All of these documents should be submitted together during the student's appointment with the Career Center. **Appointments are required in order to submit employment packets.** Appointments may be scheduled by calling 706-737-1604.

The student has scheduled an appointment with the Career Center for the following date and time:

Date \_\_\_\_\_ Time: \_\_\_\_\_

**Mandatory Career Center Forms**

- \_\_\_ Intent to Hire Form (completed by supervisor)
- \_\_\_ Graduate Assistant Contract (completed by supervisor and signed and dated by student and supervisor)

**Mandatory Human Resources Forms**

- \_\_\_ Confidential Employee Data Form (completed by student)
- \_\_\_ Form G-4 (completed by student)
- \_\_\_ Form W-4 (completed by student)
- \_\_\_ Employment Eligibility Verification (I-9) (completed by student and Career Center w/documents to satisfy)
- \_\_\_ Acknowledgement Receipt (completed by student)
- \_\_\_ Worker's Comp Questionnaire (completed by student)
- \_\_\_ Workers Comp Memorandum (completed by student)
- \_\_\_ Direct Deposit Authorization (completed by student w/voided check or direct deposit form from bank)
- \_\_\_ Information Access Form (completed by student)
- \_\_\_ Security Questionnaire (completed by student but must be signed in the Career Center unless someone else notarizes it for you.)
- \_\_\_ Background Investigation Questionnaire and Release Form (completed by student)
- \_\_\_ Social Security Card (required by Human Resources-may be used to satisfy I-9 as well)

**BACKGROUND CHECK**

The supervisor and student both understand the background check must be completed before the student begins work. You will be notified by the Career Center via email when it has cleared. The student CANNOT begin work until the background check clears and you are notified by the Career Center. It is important the student schedules his/her appointment to submit this packet as soon as possible after the two of you have completed it. Waiting will delay the start date even further.

**ENROLLMENT/GPA REQUIREMENTS**

We understand the student must be enrolled in at least \_\_\_\_\_ hours of coursework each semester in order to maintain employment. If the student is not enrolled or his/her course load drops below nine hours, he/she may not work under the GA Program. Graduate Assistants are required to maintain at least a \_\_\_\_\_ GPA. This is checked at the end of each semester. \_\_\_\_\_(Supervisor Initials)

**ORIENTATION/TRAINING**

We understand the student must schedule an appointment to submit this packet to the Career Center. As part of that appointment, a computer-based orientation/training will take place. The student will be required to answer questions about information covered during the training. This training will cover basic employment policies, campus policies and customer service.

**TERMINATION**

This agreement may be terminated at any time by the college/department if financial or other reasons beyond their control warrant such an action. The agreement may be determined by the Graduate Assistant at any time upon delivering timely and proper written notice to the GA's supervisor and Career Center. If the contract is terminated for any reason listed above, the student will be required to pay the full tuition you would have normally been charged for the semester. The student will also be required to pay any overpayment received for the semester.

I accept the terms and conditions of this contract as stated above:

\_\_\_\_\_  
Signature of Supervisor/Dean/Chair/Director

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date