



GRADUATE ASSISTANT INTENT TO HIRE FORM

ONLY SUPERVISORS SHOULD COMPLETE THIS FORM

I certify this position was posted on the Career Center’s CareerLink system. (This is the means by which the Career Center will obtain the job description.) By completing this form, I am expressing my intent to hire the student named below based on the listed pay rate, position number, etc. I understand the student cannot begin work until the background check has cleared and all necessary paperwork has been received for processing by the Career Center. I understand the “Start Date” I indicate on this form is an estimated date. If the background check has not cleared by the date listed, I will be notified by the Career Center, and will then reschedule this start date with the student and notify the Career Center of the new date.

STUDENT INFORMATION

Student Name: _____ Student ID: _____
 Student Email: _____ Telephone Number: _____
 Student Address: _____ City, State, Zip: _____
 Does student currently work at ASU? ___Yes ___No If yes, what department? _____
 Has student worked at ASU previously? ___Yes ___No If yes, please provide years. _____

SUPERVISOR INFORMATION

Supervisor Name: _____
 Supervisor Email: _____ Telephone Number: _____
 Department: _____

POSITION INFORMATION

Start Date: _____ (To determine start date, please add at least 5 business days to the date that the student has scheduled his/her Career Center appointment. The student CANNOT begin work until the background check clears and you are notified by the Career Center. The Career Center will not begin processing paperwork for HR and Payroll purposes until the background check has cleared and all required documents are received.)
 Position Number: _____ (This information is available in your department. If you are unsure of the number, please contact the Career Center.)
 The stipend will be charged as follows:

Check Item that Applies	Account Type	Dept #	Project ID #	Percent	Amount to be paid from Account Type (complete only if not paid 100% from Regular dept budget)
	ASU (Regular Dept.)				
	Grant				
	Grant				

Supervisor Signature _____

Date _____