



## GRADUATE ASSISTANT CONTRACT

### 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: \_\_\_\_\_

Semester/Year	Total Stipend Amount	Monthly Stipend Amount	Number of Hours to Work

### POSITION INFORMATION

Start Date: \_\_\_\_\_ Position Number: \_\_\_\_\_

Is this position being funded by a **grant**? If yes, please provide the following information. For assistance with grant numbers, please contact the Grants Office at 706-729-2328. Please be sure that money has been budgeted for student employment.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Department Code      Fund Code      Account Code      Grant Number

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

Name \_\_\_\_\_

Semester/Year \_\_\_\_\_

**STIPEND AMOUNT AND HOURS WORKED**

You are hereby offered a graduate assistantship in the above named department for the semester indicated below. Your tuition payment for this semester will be reduced to \$25.00 but you will be required to pay any and all tuition, insurance (see below) and mandatory fees associated with your enrollment/program of study. Tuition, insurance and fees are due by the last day of regular registration for the semester you plan to matriculate and work. \_\_\_\_\_ (GA Initials)

**PAY SCHEDULE**

Students working under Graduate Assistant contracts will on the last business day of the month according to the schedule below. Please note that first time payments for new hires may be a paper check. \_\_\_\_\_ (GA Initials)

FALL SEMESTER - September, October, November & December  
SPRING SEMESTER - January, February, March & April  
SUMMER SEMESTER - June & July

**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). \_\_\_\_\_(GA Initials)

**2011-2012 Mandatory Graduate Assistants Insurance Program Premiums**

<b>Premiums:</b>	<b>(8/15/2011 - 12/01/2011)</b>	<b>(1/11/2012 - 8/12/2012)</b>
Student ONLY	\$ 499.00	\$ 662.00
Spouse ONLY	\$1,553.00	\$2,058.00
One Child	\$ 782.00	\$1,037.00
2 or more Children	\$1,553.00	\$2,058.00

**EMPLOYMENT PACKET**

Student and supervisor have reviewed employment packet for completeness. All of these documents should be submitted together to Human Resources with a copy of the student's driver's license, social security card and any other required documents. \_\_\_\_\_(GA Initials)

**BACKGROUND CHECK**

The supervisor and student both understand the background check must be completed before the student begins work. You will be notified by Human Resources when it has cleared. The student CANNOT begin work until the background check clears (and all other required documents are submitted) . \_\_\_\_\_(GA Initials)

**ENROLLMENT/GPA REQUIREMENTS**

We understand the student must be enrolled in at least **six (6) hours** of coursework each semester in order to maintain employment. The only exception to this is in the student's last semester of the program when he or she may only have one course remaining. If the student is not enrolled or his/her course load drops below six hours, he/she may not continue to work under the GA Program and will be required to repay any tuition charges that were waived. Graduate Assistants are required to maintain at least a **3.0 GPA**. This is checked at the end of each semester. \_\_\_\_\_ (GA Initials)

Name \_\_\_\_\_

Semester/Year \_\_\_\_\_

**ORIENTATION/TRAINING**

We understand that new Graduate Assistants must attend an orientation their first semester. The date, time and location of this orientation will be communicated to the Graduate Assistant point-person in each department who is then responsible for communicating this information the new GA hires. \_\_\_\_\_ (GA Initials)

**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 terminated by the Graduate Assistant at any time upon delivering timely and proper written notice to the GA's supervisor and Human Resources. If the contract is terminated for any reason listed above, the student will be required to pay the full tuition he/she would have normally been charged for the semester. The student will also be required to pay any overpayment received for the semester. If you are enrolled in the student health coverage administered by Pearce and Pearch Inc., your coverage will terminate on the date of contract termination. The supervisor must notify Human Resources if the GA will not return to his/her position the following semester. \_\_\_\_\_ (GA Initials)

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

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

\_\_\_\_\_  
Signature of Student / Date

\_\_\_\_\_

\_\_\_\_\_