

Non-Academic Graduate Assistant Request Form

(Offices include: President's Office, Athletics, Resident Life, Student Affairs & all other non-academic offices.)

NON ACADEMIC GAs CANNOT BEGIN WORK PRIOR TO HR APPROVAL

1. Initiate a background check through Self Service Banner.
2. Send the student to Human Resources to complete/update Human Resources paperwork.
3. Submit form to the Graduate College to ensure student is eligible to be a Graduate Assistant

Student is eligible to be a graduate assistant: YES NO

Graduate College Signature: _____ Date: _____

4. If YES submit form to Human Resources, if NO return form to requesting department.

HR Approved Start Date: _____ HR Rep Signature & Date: _____

Requesting Program/Office: _____ Name of Supervisor: _____

Student Name: _____ Student Degree Program: _____

Student T#: _____ Anticipated Graduation Date: _____ GPA: _____

Student ATU Email: _____

First and last day of work for assistantship*: _____ / _____ / _____ to _____ / _____ / _____
mm dd yyyy mm dd yyyy

**Students may not work prior to receiving a clear background check and the completion of their HR paperwork or beyond their graduation date.*

Is the student holding another paid position at Arkansas Tech University? Yes No

If yes, please answer the following:

Department: _____ Supervisor: _____ Hours/week working: _____

Index of Hiring Department _____ Hours per week _____ (Max 29)

RATE OF PAY WILL BE \$9.25 PER HOUR UNLESS REQUESTED AND APPROVED BELOW

Alternate Pay Rate \$ _____ Signature (V.P. Admin/ Finance): _____

Stipend Amount	Funding/ Budget Code Index	Percentage (must total 100%)
_____ Grant	_____	_____%
_____ Scholarship	_____	_____%
_____ Other	_____	_____%

Tuition Waiver: (Only Graduate Level Courses can be waived)

TERM	HOUR	SOURCE (list budget title and code)
Summer II	0 - 3	Other _____
Fall	6 - 9	Other _____
Spring	6 - 9	Other _____
Summer I	0 - 3	Other _____

Total Tuition Waiver hours not to exceed 18 hours per academic year (July 1 – June 30)

Direct Supervisor Signature: _____ Date: _____

Director/VP Signature: _____ Date: _____

Graduate College Dean: _____ Date: _____