

STATE GRADUATE ASSISTANT APPOINTMENT FORM 2009 – 2010

See instructions on next page.

Student Information:

Last Name: _____ First Name: _____
Email: _____ Phone: _____
Address to which letter of
appointment should be sent:
Student is enrolled in: Department _____ as a Choose level _____ student.

Funding Information:

 (Note: full-time is 20 hours per week; part-time is 10 hours per week)

• College Funded Allocations (complete both Fall and Spring if for full academic year):

Current college allocation levels (based on 20 hrs per week / full academic year): GE&RI PhD: 13,068
Research 2009 PhD: \$16,283 SUNYBase/Alumni/Spaid/ESFScholar: Mstr \$11,060 / PhD \$12,715

Source of funding allocation: Dept/Unit _____ If "Other", specify: _____
 Fall 2009 (8/27/09 – 1/5/10) Spring 2010 (1/6/10 – 5/17/10)
Type of Assistantship: Choose one _____ Type of Assistantship: Choose one _____
Supplement, if applicable: \$ _____ Supplement, if applicable: \$ _____
Hours per week: Hours per week _____ Hours per week: Hours per week _____
Total stipend/semester: \$ _____ Total stipend/semester: \$ _____

• Special Program Funding:

Program Name: _____
Account Number: _____
Appointment Dates: Start _____ End _____
Hours per week: Hours per week _____ Direct Supervisor: _____
Biweekly Rate: \$ _____ Total remuneration for period: \$ _____

Comments: _____

Departmental Approval:

This form has been approved by: Dept/Unit Head _____ Date: _____

Once the Departmental Approval section is complete, email this form to esfgrad@esf.edu

OI & GS Use only: SSN: _____ or check if not yet known

Tuition Scholarship (Fall): _____ % OR _____ credit hrs NYS OOS INT

Tuition Scholarship (Spr): _____ % OR _____ credit hrs NYS OOS INT

Colloquium? Yes No New to ESF? Yes No

Approved by Dean: _____ Date: _____

HR Use Only

Packet Full - I-9 (Y N NA) or Letter, health, scholarship notice only
Partial - Scholarship notice, health, park, notice, oath, questionnaire, waiver, taxes, I-9 (Y N NA)

Letter back by _____ International Shared Excel File _____

BW Salary _____ Total Salary _____ Line # _____

Visa Type NA F1 J1 Exp Date: _____ Country _____

Oath Card _____ I-9 _____ Waiver _____ Verification sent _____

HRMS input _____ Action Code _____ Copies to payroll/TB/Audit _____

Acct Number: SUNY Base 430003- _____ Alumni 900008-90
GE&RI 430203- _____ Spaid 900008-91 Outrch _____
Resrch 2009 900008-94 ESF Scholrs 900008-93 Ltr Style _____
Ltr Sent _____

Instructions for State Graduate Assistant Appointment Form, 2009-1010

Viewing Instructions - For best results, please view in "Print Layout"

General Instructions

The only sections of the form where information can be entered are those which are shaded. If the shading is blank (for example: Last Name) you must type in the response. The shaded area will expand a certain amount to accommodate the length of the text you are entering. You generally do not need to use carriage returns. The only place a carriage return may be needed is in the address field, where you may enter one carriage return if you need to enter a second address line. Where the shading has default text (for example: Type of Assistantship) there is a drop down menu. Click on the default text and choose the appropriate menu item.

Specific Instructions

Student Information

Complete as much information as possible. Student name, address, home department and degree level are required.

Funding Information

Complete at least one section. If a section is used, all fields must be completed. If there are any special notes or considerations, these may be optionally entered in the Comments line at the bottom of the section.

Section 1 . College Funded Allocations

Enter the departmental (or unit) source of the funding allocation (Note: this is not necessarily the same as the student's home department).

Check boxes, denoting Fall 2009 and Spring 2010 assistantships. Please click on these boxes to check them, and continue entering the rest of the required information. If the funding is for the academic year, please complete both the Fall and Spring sections.

Supplement (aka "topper")—may only be used for SUNY Base and GE&RI. If you are supplementing a SUNY Base or GE&RI Assistantship, please enter the amount where shown.

Total stipend/semester. Please calculate what the total stipend will be for this student per semester, taking into account the funding source (amounts shown in gray box), student level (Masters or PhD), hours worked, and supplement.

Section 2. Special Program Funding

Enter all information if special program funding is used.

Departmental Approval

The form **will not** be processed without the name of the funding Department Chair (or Unit Head) and date. The email address this form is sent from will be used as verification of the Chair's approval (departmental secretary's email addresses are acceptable). This form should be filled in electronically and emailed to esfgrad@esf.edu once the Departmental Approval section is complete. Please keep a copy for your records

If you have any questions or problems, please email Barbara Newman at bnewman@esf.edu.