



## NOTICE OF GRADUATE ASSISTANT APPOINTMENT

**Type of Hire:**      New Hire      Rehire

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Social Security Number (new hires)      AIS/Emp # (for reappointment)      Student ID/Dawg Tag

\_\_\_\_\_  
Name of Supervisor                                      Mailcode (Campus correspondence will be mailed to this address)

**Major Reporting Unit**

Carbondale	School of Medicine Carbondale School of Medicine Springfield	President's Office University-wide services
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	Position ID 1:	Position ID 2:
	Teaching    Research    TA/RA Administrative    Law Clerk	Teaching    Research    TA/RA Administrative    Law Clerk
Category		
Department/School (St Academic Unit)		
Hiring Program Area		
Building (Location)		
Room		
Percentage of Time (FTE)		
Full-time equivalent monthly salary*		

\*SIU's payroll system will calculate the actual salary by multiplying the full-time equivalent salary by the percentage of time.

**Effective Dates**

**Fiscal Year Basis:**

Specify the beginning date \_\_\_\_\_      Specify the end date \_\_\_\_\_

**Academic Year Basis:** (If the hire is not going to work the full semester, please fill out the appointment dates section below)

Fall Semester 20\_\_ (Fall semester runs from 8/16 - 12/31)

Intersession 20\_\_ (Intersession runs from 05/16 - 06/15)

Spring Semester 20\_\_ (Spring semester runs from 1/01 - 05/15)

Summer Semester 20\_\_ (Summer semester runs from 6/16 - 08/15)

**Appointment Dates**

\*\*\*This section is only for hires that are not working a full semester as mentioned above in the **Effective Dates** section\*\*\*

Will your hire be working a partial semester?      Yes      No

Specify the beginning date \_\_\_\_\_      Specify the end date \_\_\_\_\_

Position ID*	AIS Budget Description	AIS Proportions	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity 1	AIS Dept Activity 2	AIS Function	AIS Natural Account	TAA

\*Position ID's should be entered as 1 or 2 to correspond to the above Position ID 1 and Position ID 2. Total of account proportions must equal 100. Complete Assignment Costing form if additional costing is needed.

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**Brief description of position**

**Major Duties**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Other**

If to be appointed in another unit for the same period: Department or Unit \_\_\_\_\_ % of time \_\_\_\_\_

Name under which any previous assignments were held if different from current name: \_\_\_\_\_

**Present Status**

Highest Degree Earned \_\_\_\_\_ Date conferred \_\_\_\_\_ From \_\_\_\_\_  
(Name of Institution)

Admitted to Graduate School, \_\_\_\_\_, beginning \_\_\_\_\_ for \_\_\_\_\_  
(Program) (Term/Year) (Degree)

Candidacy Date \_\_\_\_\_

Total months of financial support as a graduate student at SIU (assistantships and fellowships). DO NOT include months of this assignment.

**TOTAL** months as a master's student: \_\_\_\_\_ **TOTAL** months as a doctoral student: \_\_\_\_\_

**GRADUATE SCHOOL USE ONLY**

			Y N		Fall	Spring	Summer
Admitted	Referred	Other _____	Signatures		Tuition Waiver		
Master's	Ph.D.		Corrected Rate		Medical Fee		
Term _____	Year _____	Total Months _____	Overlap		Date _____		
			Letters		By _____		
			Tuition				
			Part. Transcripts				

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## **Other terms and conditions of appointment**

This is a term appointment written for a specified period of time. Term appointments may be renewed; however, reappointment to such a position creates no right to subsequent employment or presumption of a right to subsequent employment

1. The appointment outlined on this form is contingent upon the prior approval of the Dean of the Graduate School, upon admission to the Graduate School, and fulfillment of Graduate School requirements concerning enrollment in an approved course load each academic term. It is further contingent upon and subject to satisfactory performance of assigned duties as may be determined by the chief administrative officer of the appointing unit as governed by the rules and regulations of the Graduate School.
2. If the source of funds for this appointment is an external grant or contract, this appointment is contingent on the availability of funds in the external account.
3. A graduate assistant who is permitted to hold a graduate assistantship for one semester on the basis of partial transcript must place on file with the Graduate School an official transcript verifying that the appropriate degree has been awarded prior to the beginning of any subsequent term. This appointment is invalidated if such a transcript is not on file by the date specified.
4. The graduate student who accepts this offer before April 15 and subsequently desires to withdraw may do so by submitting a written resignation of the appointment any time through April 15. An acceptance given or left in force after April 15 commits the graduate student not to accept another offer from another college or university without first obtaining a written release from SIU. Similarly, an offer made by SIU after April 15 is conditional on, among other things, presentation by the graduate student of written release from any previously accepted offer.
5. All renewals of future tuition waiver and/or assistantship are subject to GAU guidelines and department needs.

I agree that if appointed my terms and conditions of appointment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations from time to time issued pursuant thereto, all of which will be as much a part of the applicant's appointment as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the appointment.

I hereby affirm that the information which I submitted in consideration for the position to which I am being appointed (including but not limited to resume or application, curriculum vitae, and/or transcripts) is true and correct. I understand that if any of the information submitted in application for this position is a misrepresentation or omission of facts, I may be subject to discharge from this appointment.

I understand that if my position is defined as a security sensitive position, that my continued appointment is contingent upon successful completion of any applicable statewide post-appointment investigation(s). As an applicant for or the recipient of a tuition or fee waiver award from Southern Illinois University, I understand that the University has the legal authority to release my name and address, the name of my former high school or

I understand that the value of the tuition scholarship for graduate course work, in excess of \$5,250 annually (in a calendar year), may be reported as taxable wages on Form W-2. These taxable wages are subject to tax withholding as required by the IRS for students whose positions are not specifically classified as teaching or research but as administrative.

**I have read the terms and conditions of appointment stated in this document and agree to them.**

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

\_\_\_\_\_  
Date

## **ADMINISTRATIVE APPROVALS (As required by campus)**

Recommendation: I certify that the appointee meets the position requirements and recommend this appointment.

\_\_\_\_\_  
Chair/Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor/Chancellor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other administrative approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other administrative approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Graduate School

\_\_\_\_\_  
Date