PAYROLL AUTHORIZATION AND APPOINTMENT
Graduate Assistantships and Fellowships

INSTRUCTIONS

1. This form must be used to request appointment of graduate assistants, teaching assistants, and fellows.
2. The initiating Department/Division must complete this form and obtain all signatures.
3. The form is then forwarded to the Office of Human Resources.

PERSONAL INFORMATION

DEPARTMENT/DIVISION:

ACCOUNT NO:

LINE # (leave blank):

NAME (First Name, MI, Last Name):

SOCIAL SECURITY #:

CITIZENSHIP:

HOME ADDRESS: **STREET** **APT/BOX** **CITY** **STATE** **ZIP**

HOME TELEPHONE #:

LOCAL ADDRESS: **STREET** **APT/BOX** **CITY** **STATE** **ZIP**

VISA STATUS (If not a US citizen) Please submit photocopy of VISA

☐ **F-1** ☐ **J-1** ☐ **Other** _____

DATE OF BIRTH (MONTH / DAY/YEAR): _____

SEX:

☐ MALE

☐ FEMALE

AFFIRIMATIVE ACTION INFORMATION (NYS policy permits eliciting this information following appointment.)

ETHIC ORIGIN:

☐ BLACK ☐ HISPANIC ☐ ASIAN

☐ AMERICAN INDIAN ☐ WHITE ☐ OTHER _____

Does the individual hold any other fellowship, assistantship, or any other appointments during the period of this appointment? ☐ YES ☐ NO

IF YES: TYPE OF APPOINTMENT: _____ **DEPARTMENT:** _____ **SALARY:** _____ **DURATION:** _____

Has this individual previously held any appointments through SUNYIT or any other SUNY? ☐ YES ☐ NO

IF YES: TYPE OF APPOINTMENT: _____ **DEPARTMENT:** _____ **SALARY:** _____ **DURATION:** _____

TERMS OF AWARD

TYPE OF AWARD:

☐ GRADUATE ASSISTANTSHIP

☐ GRADUATE FELLOWSHIP

STIPEND:

$_____

TUITION WAIVER:

$_____

TUITION SCHOLARSHIP:

$_____

DURATION:

☐ FALL 20_____ ☐ SPRING 20_____

☐ OTHER: FROM _____ TO _____

STARTING DATE: _____

ENDING DATE: _____

TERMS OF ASSISTANTSHIP (if applicable, i.e. receiving stipend and/or waiver):

Non-teaching clock hours per week _____

Lab teaching clock hours per week _____

Teaching clock hours per week _____

NAME OF DIRECT SUPERVISOR:

_____

SOURCE OF SUPPORT (CHECK ONE)

☐ **Department Budget Assistantship line**

☐ **Department Budget Temporary Service**

☐ **Fellowship Account No. _____with Graduate Office**

☐ **Research Foundation Acct. No. _____**

☐ **Other (Specify) _____**

ACCEPTANCE

I understand that I must apply for the Tuition Assistance Program before my tuition waiver/scholarship becomes effective.

_____

RECIPIENT'S SIGNATURE **DATE**

APPROVALS

_____

DEAN **DATE**

_____

VPAA **DATE**

COPIES: Human Resources, Department, Payroll, Admissions, Business Office, Financial Aid, Student