



GRADUATE ASSISTANT APPOINTMENT RECOMMENDATION

Please make a selection:

☐ New ☐ Amendment ☐ Reappointment

Date of Last Appointment:

[Redacted]

Section I: Appointee Information:

Appointee's Legal Name: Last: [Redacted] First: [Redacted] Middle Initial: [Redacted]

Address of Residence: Street: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Contact Phone Number: [Redacted] Email Address: [Redacted] Visa Status: [Redacted]

Last Four of Social Security Number: [Redacted] Dual Employment Status: ☐ Dual Employment within the University ☐ No Dual Employment within the Department / Office Name of Dual University Employment: [Redacted]

Section II: Contract Information:

Type of Contract: ☐ 9 Months ☐ 12 Months | ☐ Full-Time ☐ Part-Time

Position Title: ☐ Graduate Research ☐ Graduate Teaching ☐ Other (Specify Below) [Redacted]

Hiring Department: [Redacted]

Appointment Period: Start Date: [Redacted] End Date: [Redacted] Compensation Rate: [Redacted] Exact Salary: [Redacted]

Source of Funds: [Redacted]

Special Conditions: If Institutional Funds, is Tuition Remission allowable? ☐ Yes ☐ No Has applicant been admitted to a graduate program? ☐ Yes ☐ Not Applicable Is contract renewable upon availability of funding? ☐ Yes ☐ No If Non-Institutional Funds, is Tuition Remission allowable? ☐ Yes ☐ No Has applicant been admitted to a graduate program? ☐ Yes ☐ No Is contract renewable upon availability of funding? ☐ Yes ☐ Not Applicable



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OTHER: If Graduate Assistant will teach, provide full course information:

[Redacted area]

If an amended contract, state why:

[Redacted area]

I hereby certify that the above information is correct:

Department Chair / Director:	Date
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Approvals:

Employment Manager:	<input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Letters of Recommendation / References <input type="checkbox"/> Background Check Completed <input type="checkbox"/> Official Transcripts	Date
Director of Human Resources:		
Please Select the Appropriate School: <input type="checkbox"/> SANS <input type="checkbox"/> SESA <input type="checkbox"/> SBT <input type="checkbox"/> SPHP Dean:		Date:
School of Graduate Studies:		Date
Provost and VP for Academic Affairs:		Date:
Grant Accountant / Title III / Sponsored Programs: (if applicable)		Date:
Budget Director: (Budget Reviewed & Approved for Use.)		Date
VP of Administration and Finance:		Date:

Important Reminders:

- Please ensure that every field is complete and accurate before uploading into Dropbox Sign.
- When uploading the document into Dropbox Sign remember to put the correct signature order and select “set signing order” under singer settings.
- Copy facultycontracts@umes.edu to ensure that the completed form is received and the contract issued.