Appoint ___
Terminate ___
Change ___

UNIVERSITY OF SOUTH CAROLINA
GRADUATE ASSISTANCE SERVICES

1st Copy - Payroll
2nd Copy - Department
3rd Copy - Financial Aid
4th Copy - Grad. School

Originating Department _____ Phone _____ Department Contact _____

SSN _____ Class _____ Slot _____

Name _____ _____ _____ Salary _____
First Middle Last

Hour Rate _____ Part Time ☐ Basis ☐ Home Department ☐☐☐☐☐ Job Title _____

Begin/Effective Date _____ End Date _____ Hrs./Week _____ Hrs./Appt. _____
MM DD YY MM DD YY

Emp. Type ☐☐ Main/Reg./Branch ☐ TTV ☐ FLSA (1,2,3) ☐ Check Dist. ☐☐☐☐☐ Time Dist. ☐☐☐☐☐

Fed (Y,N) ☐ State (Y,N) ☐ FICA (Y,N) ☐ Override ☐☐☐☐☐☐☐

Expected Earnings _____ I-9 Date _____ Visa ☐☐
MM DD YY

An I-9 Form _____ is attached _____ was submitted. _____ New Student Enrolled ☐

Expenditure Codes for Graduate Assistantships:
51351 - Graduate **Teaching** Assistant
51352 - Graduate **Staff** Assistant
51353 - Graduate **Research** Assistant
51354 - Graduate **Instructional** Assistant
51361 - Graduate **Teaching** - Summer
51362 - Graduate **Staff** - Summer
51363 - Graduate **Research** - Summer
51364 - Graduate **Instructional** - Summer

Dept.	Fund	Class	Analytical	F/V	FO/S	Campus	Amount	Percent

Remarks _____

Eligibility Information (Please check all statements that apply.)

☐ This graduate student has been admitted to a degree program or will be admitted during the first term of this appointment. A current Action Sheet _____ has been submitted _____ is attached.

☐ This graduate student has been informed that she/he must be enrolled for at least six graduate credit hours during each term of the requested appointment (except SSI and SSII for which the requirement is one graduate credit hour each term).

☐ This graduate student is an international student. I have notified the student that before the special tuition rate can be applied and a paycheck can be received, he or she MUST visit International Programs for Students in room 123 Byrnes to verify employment eligibility.

ADDITIONAL CERTIFICATION REQUIRED ONLY FOR TEACHING AND INSTRUCTIONAL ASSISTANTS.

YES☐ NO☐ (check one) This graduate student has 18 graduate credit hours in _____ (academic area).

☐ I have informed this graduate student of the training required for all GTAs/GIAs at USC.

☐ This prospective GTA/GIA will attend the Instructional Development Project workshop next August.

☐ This prospective GTA/GIA is an international student who will also attend the special workshop for international GTAs/GIAs next August.

☐ By separate letter I am requesting that this prospective GTA/GIA be exempted from the IDP workshop(s) because the GTA/GIA has received training previously or has appropriate teaching experience. (NOTE: A separate letter is not needed for those who already have attended IDP training at USC; simply check here ☐.)

(signed) _____ (Graduate Director) Date _____

Department _____ Date _____ Payroll _____ Date _____

Graduate School _____ Date _____ International Programs _____ Date _____

FOR GRADUATE SCHOOL USE ONLY: Reduction Code _____

Rev. 5/96

PBP-3G