THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE

**GRADUATE ASSISTANT ASSIGNMENT AGREEMENT**

Additional information: [Student Employment Policy](http://www.uncp.edu/about-uncp/administration/departments/finance-and-administration/policies-and-procedures/human-resources/student-employment-policy)

Instructions: Any data errors on this form should be lined through once and initialed without using white out to revise original data*.*

***STUDENT INFORMATION***

**FIRST NAME**

**M.I.**

**LAST NAME**

**BANNER ID EMAIL**

**(***Print name as listed on Social Security card)*

**Are you currently employed with other state agency?**

**Are you currently receiving NC Retirement Benefits?**

NO YES

NO YES**Give agency name**

**If yes, submit completed** [***Certifying Employee Status Under Retirement Reemployment Laws Form***](https://orbit.myncretirement.com/Orbit/Info/Pages/ListAllForms.aspx?renderForm=true&amp;formCode=ESRR) ([**Form ESRR**](http://www.uncp.edu/hr/forms/ESRR.pdf)**) to the Office of Human Resources, 357 Lumbee Hall.**

***I understand that:***

1. Prior to reporting to work I must complete and submit a W-4 ( [**W-4 Employee's Withholding Allowance Certificate**](http://www.irs.gov/pub/irs-pdf/fw4.pdf) **)** and NC-4 ( [**NC-4 Employee's Withholding Allowance Certificate**](http://www.dornc.com/downloads/nc4ez.pdf) **)** tax forms, a complete Section 1 of the I-9 Employment Eligibility Verification ([**I-9 Employment Eligibility Verification**](http://www.uscis.gov/files/form/i-9.pdf)**)** form, if required. Some positions may require a [**Criminal Background Check**](http://www.uncp.edu/hr/forms/Crim%20Check%20Form%202009.doc). If a Criminal Background Check is required, the student may not start work until it is completed.

2. Per Office of the State Controller and UNCP Policy, I understand that it is a Condition of my Employment for me to be enrolled in Direct Deposit within 30 days of hire or rehire. Failure to provide a completed [**Direct Deposit**](http://www/co/forms/) form with accompanying documentation to the Payroll Office for Direct Deposit may result in a delay in my pay and/or termination of my employment.

3. I will report to the reporting supervisor stated on this Graduate Assistant Assignment Agreement form.

4. I am required to be punctual, efficient, and professional in my job assignment.

***AGREEMENT FOR GRADUATE ASSISTANTSHIP***

**I confirm that (Initial each item):**

|  |  |
| --- | --- |
|  | I am taking at least **9 graduate credit hours** at UNCP during each regular (fall/spring) term and/or I am enrolled in graduate credit hours each summer session in which I am employed. |
|  | This appointment depends upon my achieving and maintaining a **3.0 cumulative UNCP graduate GPA**. And, my contract will end if I withdraw from or am dismissed from The Graduate School. |
|  | This appointment depends upon **satisfactory performance** of my duties.  |
|  | I understand that I am to participate in the **Graduate Research Symposium** (in mid to late spring). |
|  | I understand that I am to participate in at least one Graduate School-approved **Professional Development** event every semester that I am employed as a GA --Academic Affairs /Graduate School funded GAs. |
|  | I will **not accept any other employment** without prior written approval of my placement supervisor, my program director, my department chair, and the Dean of The Graduate School. |
|  | If unable to complete the terms and conditions of the contract, I will notify my supervisor and The Graduate School immediately, terminate my employment, repay the university for any unearned wages, and/or understand that my wages will be prorated based on hours worked. I may also have to repay any tuition award received.  |
|  | Graduate Assistants are remunerated in equal payments and early dismissal or leaving the position may result in my having to pay back unearned wages. |
|  | I understand that acceptance of the position does not qualify me for unemployment compensation at a later date. |
|  | Acceptance of this offer and its approval by university officials completes an agreement that The Graduate School and I expect to honor. |
|  | Unsatisfactory performance on my part may result in immediate termination of employment, and I may have to repay the university for any unearned wages and/or repay any tuition award. |

**I verify that the student information is accurate, that I understand the position and remuneration. Further, my signature below indicates that I UNDERSTAND and will COMPLY with the regulations listed above. If I fail to comply, the agreement may be ended prior to the Anticipated End Date stated on this form**.

GA STUDENT EMPLOYEE SIGNATURE

Date

***STUDENT INFORMATION (Repeated for page 2)***

**FIRST NAME**

**M.I.**

**LAST NAME**

***POSITION INFORMATION AND REMUNERATION*** *(Supervisor completes this portion)*

**GRADUATE ASSISTANT** ADMINISTRATIVE RESEARCH TEACHING/TUTORING INSTRUCTOR OF RECORD OR NOT

**FLAT RATE STUDENT ASSISTANT** WORKING TITLE: POSN#:

TOTAL AMOUNT OF ASSIGNMENT $ ESTIMATED WORK HOURS PER WEEK

**AGREEMENT PERIOD BEGIN DATE AND ANTICIPATED END DATE**

**REPORTING SUPERVISOR**

**I understand/verify that:**

* A GA must receive permission from The Graduate School if he/she wants to work on another assignment agreement during the course of this agreement.
* I understand that it is my responsibility to monitor and supervise students by making an effort to assist student assistants in solving any work assignment problems.
* I verify that this Graduate Assistant (GA) has been admitted to a graduate degree program (*Provisional* or *Full* status ONLY).
* Each semester, I will verify that the GA is enrolled in nine (9) semester hours of graduate credit (or three hours during any summer session) and maintains at least a 3.0 GPA prior to each semester (or session) the GA is to hold the position.

Supervisor Approval (print)

Signature

Date

Supervisor Banner ID Title Ext.

***AUTHORIZATION (Must be approved by Financial Manager before work begins.)***

**BANNER FUND/ORG and ACCT: # (ex. 170910-21350): DEPT NAME:**

**Fund Financial Manager or Designee**

Signature

Title

Ext.

**Dean of The Graduate School or Designee**

Signature

Title

Ext.

***SUBMISSION***

**Submit to The Graduate School, 114 Lindsay Hall, the completed:**

 **Graduate Assistant Assignment Agreement (this form),**

 **W-4,**

 **NC-4,**

 **I-9,**

 **E-verify and**

 **Student-signed job description (if applicable).**

**Submit to Payroll, the direct deposit form and any accompanying materials.**

***Student will be processed and paid according to the appropriate Payroll Calendar. Go to*** [***http://www.uncp.edu/hr/banner/***](http://www.uncp.edu/hr/banner/) ***for calendars.***

**NOTE: Incomplete or inaccurate paperwork will delay the student access to Braveweb Employee Self-Service for Web Time Entry and Bi-Weekly Payroll processing for payment. Accurate paperwork is essential.**