

**College of Education
Graduate Assistantship
Appointment Information Sheet**

Dept. Name _____ Dept. Phone # _____ Effective Date _____

Employee Name _____ S.S.# _____
Last First M

Permanent Address: _____ Non-Work Phone # _____

City: _____ State _____ Zip _____ E-Mail Address _____

University Bldg. Name & # _____ Room # _____ Univ. Phone # _____

Date of Birth: _____ Citizen of _____ I-9 _____ Visa _____

Male _____ Female _____ Marital Status: Single _____ Married _____

Race: _____ White _____ Black _____ Oriental/Asian _____ American Indian _____
_____ Hispanic _____ Multiracial _____ Other _____ Define _____

Highest Degree Earned _____ Institution _____ Year Graduated _____

Number of credit hours registered for Session: Fall _____, Spring _____, Summer _____

GA Employment History: _____ Current _____ Previous _____

_____ Date of Previous Employment _____

Is employee on any other UGA payroll? _____

If so, where _____ % Time _____ Job Title _____

Position: _____ **Payroll Distribution #** _____

Position Title _____ Job Class Code # _____

Doctoral Level _____ Masters Level _____ % of Time Employed _____

Appointment Begin Date _____

Appointment End Date _____

Full Time Annual Rate _____

Contract Type (12 month or 9 month) _____ Total Pay _____

Account Name _____ Account Number _____

Assignment _____

Remarks/Comments _____

Revisions/change: Name from _____ to _____: SS# from _____ to _____

Marital Status from _____ to _____: Percent from _____ to _____: Title from _____ to _____: Pay type from _____ to _____

Department Head/Director of Unit Signature: _____ **Date** _____

PI Signature (if grant funded): _____ **Date** _____

Additional Paying Account Number:

Position Title _____ Job Class Code # _____

Doctoral Level _____ Masters Level _____ % of Time Employed _____

Appointment Begin Date _____

Appointment End Date _____

Full Time Annual Rate _____

Contract Type (12 month or 9 month) _____

Total Pay _____

Account Name _____ Account Number _____

Assignment _____

Remarks/Comments _____

Additional Paying Account Number:

Position Title _____ Job Class Code # _____

Doctoral Level _____ Masters Level _____ % of Time Employed _____

Appointment Begin Date _____

Appointment End Date _____

Full Time Annual Rate _____

Contract Type (12 month or 9 month) _____

Total Pay _____

Account Name _____ Account Number _____

Assignment _____

Remarks/Comments _____