THE UNIVERSITY OF MAINE

GRADUATE ASSISTANT
Appointment Form

Use only for the period of:
Sept. 1, 2009 - Aug. 31, 2010

Graduate Assistants' compensated work-load does not exceed 20 hours a week.

Prepared by:	Phone:	Date:

☐ Direct Deposit (Required)

☐ I-9 a) Student completes this form in person @ the Payroll office **on** or no later than three days from the first day of work.
　　　b) If the I-9 is completed elsewhere, the hiring unit fills out section 2 and verifies/certifies the information.

☐ W-4 / W-4 ME

To create an employee record and produce a paycheck, this form and the items above
must be in the Payroll/Human Resources (HR) office prior to the student's start date,
or by the 10th of the month, whichever occurs sooner.

Row 1 — Gender: Female / Male | First Name, Middle Initial | Last Name | Student's Degree: Doctoral　Master　Other | Program: _____ | PeopleSoft (EmplId) #:

Row 2 — PeopleSoft Position # (8-digits): | **Type of appointment action (Mark one)** | Name of Advisor (for TA or RA) or Name of Supervisor (for GA):

New (assigning this position to the student for the 1st time)
Reappointment (student held this position in the previous semester)

Row 3 — 3-4 Letter code of dept. where student is working **O-** | **Replacement** (Payroll personnel will terminate this student's appointment automatically)

Who is being replaced: _____ Last Name _____ First Name _____ PeopleSoft #

Row 4 is ONLY for Positions SUPPORTED FULL or PARTIALLY BY THE GRADUATE SCHOOL. Do not use for Departmental or Externally funded positions

Row 4 — TA　or　MAFES RA　position number: ☐ of ☐ | (If applicable) Dates that the position will be shared/split : _____
Name of student sharing/splitting the position: _____

Row 5 — Total Stipend for the period: $_____ Monthly: $_____ | Is this a soft money position?____ | Campus address (to send pay stub): _____
Phone #:_____ Student e-mail: FC　Other:_____

EARNINGS DISTRIBUTION (Write any extras on back of form)

	Dept	Earn Code	Start Date	End Date	Accounting ID# 10-digits	Dept. 7-digits	Account 5-digits	Class 2-digits	Fund 2-digits	Program 6-digits	Project 7-digits	Distribution Equals 100%
Row 6	O-											
Row 7	O-											
Row 8	O-											
Row 9	O-											
Row 10	Comments:											100%

Tuition and Insurance are part of the Assistantship. Do not leave any of the fields Blank

If the student has health insurance of his or her own, write WAIVED on Row 11

Insurance is charged for the full year (Domestic $2,090.00 International $1,210.00)
There is NO FALL-ONLY insurance unless the student has applied to graduate in December.

	Num. of credits	Semester F = Fall S = Spring Sm = Summer + Year	Insurance Amount that the account will cover. Grad Asst. will cover balance.	Accounting ID# 10-digits	Dept. 7-digits	Account 55300 Tuition 54113 Insurance	Class 2-digits	Fund 2-digits	Program 5-digits	Project 7-digits
Row 11	■	■	$			**54113**				
Row 12										
Row 13			■			**55300**				
Row 14			■			**55300**				
Row 15			■			**55300**				

Supervisor or Person in charge of the account(s)　　　Date
(Print Name) _____

Dean's Office (if required by the college)　　　Date
(Print Name) _____

Authorizing Office (Chair or Graduate Coordinator)　　　Date
(Print Name) _____

Graduate School　　　Date