b&w200

First Appointment  **Position No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reappointment **Offer of Graduate Appointment**

Additional Appointment  **Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revision/Correction

Cancellation **Year of Appt:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student’s LAST Name, FIRST Name, Middle Initial*** ***KSU ID***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Department/School College/Independent School***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Will Receive STIPEND as a:**  Administrative Assistant  Teaching Assistant  Research Assistant | **Term:**  AY Summer I  Fall Summer II  Spring Summer III | | **Special Considerations:**  Teaching Assistant  Administrative Assistant  Research Assistant | | **Service Commitment:**  Full-Time  Half-Time  Average Hours/Week\_\_\_\_\_ | |
| **Will Receive Tuition Remission**  Tuition and Stipend  Tuition Only | **Special Considerations (Minimum 8 hour Registration Required):**  **Enter Maximum Hours Approved for Term:**  ­­­\_\_\_\_ Summer \_\_\_\_ Diss I \_\_\_\_ Diss II \_\_\_\_ Thesis II \_\_\_\_ Plus Additional Hours  \_\_\_\_ Fall Semester \_\_\_\_ Diss I \_\_\_\_ Diss II \_\_\_\_ Thesis II \_\_\_\_ Plus Additional Hours  \_\_\_\_ Spring Semester \_\_\_\_ Diss I \_\_\_\_ Diss II \_\_\_\_ Thesis II \_\_\_\_ Plus Additional Hours  \_\_\_\_ Academic Year \_\_\_\_ Diss I \_\_\_\_ Diss II \_\_\_\_ Thesis II \_\_\_\_ Plus Additional Hours | | | | | |
| **STIPEND\***  $\_\_\_\_\_\_\_\_\_\_\_\_\_  Payable in semi-monthly  payments over\_\_\_\_\_\_payments | **Index Description(s):** | **Index Number(s):** | | **Organization Code:** | **Account(S):** | **Dist. Amount or %** |

Please indicate if student is currently a member of an Ohio public retirement system: STRS OPERS None

\*Unless you qualify for and receive a waiver from participation in the appropriate state retirement system (STRS or OPERS), the stipend shall consist of cash stipend of either 90% (STRS) or 90% (OPERS) of the amount stated and a deferred stipend of either 10% (STRS) or 10% (OPERS) of the amount stated. As earned, the deferred stipend will be contributed by the University to the state retirement system for your account.

AUTHORIZATION SIGNATURES TO BE COMPLETED FOR RESEARCH APPOINTEES, IF APPROPRIATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Director Date Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Date Research and Sponsored Programs Date

This offer, including any payment of stipend, is subject to the availability of funds and confirmation by the Board of Trustees. The Immigration Re­form and Control Act of 1986 requires the University to make any offer of stipend also contingent upon proof of work authorization and identity.

A graduate appointee must carry the minimum number of credit hours noted above. **Full-time service appointees may not accept any other paid employment within the University during the tenure of their appointments.** All of the conditions of the Offer are subject to, and controlled by, any and all University policies specifically including, but not limited to, the **Policy on Role and Status of Graduate Student Appointees,** rules and regulations as currently exist and as may be changed during the term of this Offer. The Department/School to which the appointee is assigned shall assign his/her duties.

I hereby accept this Offer, and agree to render service in accordance therewith:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPOINTEE’S SIGNATURE DATE**

ATTACHMENTS: (with first appointment)

• Employee Personal Data Form AA • GLACIER Form •Tax Forms

• Employment Eligibility Verification (I-9) Form • Work Study Eligibility Form (if applicable) • Ohio Ethics Form

• Transcripts • Fraud Reporting Form • Direct Deposit Form

• Retirement Membership Form or Exemption • SSA-1945 if retirement will be withheld Revised 11/9/12