



## Graduate Assistant (GA) Contract (Page 2 of 2) *Payroll Information*

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ H Number: \_\_\_\_\_

Email address: \_\_\_\_\_

This form is for work that will take place during the following term and year:

Semester: \_\_\_\_\_ Year: 20 \_\_\_\_\_

Full Award

Half Award

**Applicant shall initial each box:**

I have completed the necessary **FEDERAL PAYROLL FORMS** in the Student Payroll Office (located in the Ezell Building, room 142). These must be completed prior to starting work. **IMPORTANT:** Form I-9 and a W-4 are federal forms required by the IRS. (You will fill out a Form I-9 only once while at Harding.)

I certify I will work: Full Award - (1) 300 hours during the above stated Fall or Spring term for a total of \$3,500, or (2) 214 hours during the Summer term for a total of \$2,500, to be allocated as stated in my contract. Half Award – (1) 150 hours during above stated Fall or Spring term for a total of \$1,750, or (2) 107 hours during the Summer term for a total of \$1,250, to be allocated as stated in my contract. If I am unable to fulfill this commitment, I understand that I will discuss the situation with my supervisor and the GA payment applied to my account will be prorated so that I am only paid for the hours during which I worked.

I authorize the payroll department to apply the balance of my award, after withholding federal and state taxes, to my Harding University business office account.

\_\_\_\_\_  
Graduate Assistant (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (Signature)

\_\_\_\_\_  
Date

**Please submit this completed *two-page* form via email:**

Graduate & Professional Support (GPS) Office

[grad@harding.edu](mailto:grad@harding.edu)

or by campus mail, Box 12249

For Office Use

FOAP \_\_\_\_\_

Amount Due \_\_\_\_\_

Form current as of July 30, 2020