

Departmental Request For Approval of Graduate Assistant Job Description

 Graduate Assistant's Name Social Security Number Department Term(s) Year

1. Will the graduate assistant be assigned duties that involve the use of APSU long distance telephone service?
 Yes _____ No _____
 If yes, please justify and describe the extent of these duties.
 Phone extension used by GA _____ Account # to be charged _____

2. Will the graduate assistant be assigned duties that involve driving state or university leased vehicles, or any other vehicle for which the university is responsible?
 Yes _____ No _____
 If yes, please justify and describe the extent of these duties.

3. Will the graduate assistant be assigned duties that involve the use of a key (s) to an APSU building or room?
 Yes _____ No _____
 If yes please justify and list the specific facilities or rooms to which the student will access with these keys.

4. Please attach a detailed job description beyond any duties listed in 1, 2, or 3 above for this graduate assistant. Responsibilities must be in accord with the guidelines in the Graduate Assistant Handbook. Indicate time commitment as well as type of work. (Be sure to review work limitations covered in the Handbook.)

Graduate Assistant Agreement:

I have read the Graduate Assistant Handbook and agree to perform the duties outlined above in accordance with the conditions described in the Handbook.

 Signature of Graduate Assistant Date

<u>Approval Requested by:</u>		<u>Approval Granted by:</u>	
_____ Graduate Assistant Supervisor	_____ Department Chair	_____ Dean of Graduate Studies	
_____ Date	_____ Date	_____ Date	

NOTE: This form must be filed in the College of Graduate Studies no later than the end of the first full week of classes during the initial semester of the appointment. Should the graduate assistant's job assignment change, please seek approval by submitting a revised form to the Office of Graduate Studies.