

Graduate Assistant One-Time Payment



The University of Akron
Graduate School

**This form should be used when you giving a one-time payment to a student that is not on an exisiting GA contract
(**Must be submitted prior to the start date of the payment**)**

Date: _____ EMPLID# _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

The appointee is designated as a:

Check one: Domestic Student International Student

Check one: Master's Level Doctoral Level

Check one: Teaching Assistant –*Oral English Proficiency demonstrated by:*

Departmental Assessment	TOEFL	UADEPT	IELTS
Research Asst.	Administrative Assistant	Fellow (non-service)	

In the Department/Area of _____ Account Code _____

Single Payment of \$ _____ for the period below:

Start Date _____ End Date _____

Describe the duties for which this one-time payment is requested:

_____	Date _____	_____	Date _____
<i>Appointee</i>		<i>Chair/Director of Appointee's Academic Department</i>	

_____	Date _____	_____	Date _____
<i>Head of Service Dept. or Grant Director</i>		<i>Controller's Office (if paid by a grant account)</i>	

APPROVALS:

_____	Date _____	_____	Date _____
<i>Graduate School Approval</i>		<i>Approved by Board of Trustees</i>	

***should a request to back pay a graduate assistant be submitted, a rationale statement must be attached to the form indicating why this request was not submitted prior to the work being done. If approval of this request is not granted, this form will be returned to the department marked "denied".*