

The University of Akron
Graduate Assistant Supplemental Funding

This form should be used when you are supplementing a student on an existing 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 _____

Check one: Bi-Weekly Payment of \$ _____ for the period below:

Start Date _____ End Date _____

-OR- Single Payment of \$ _____ for the period below:

Start Date _____ End Date _____

Describe the duties for which supplemental pay is requested and explain how this work falls outside of the graduate assistant's regular contract responsibilities:

Date _____

Appointee

Date _____

Chair/Director of Appointee's Academic Department

Date _____

Head of Service Dept. or Grant Director

Date _____

Controller's Office (if paid by a grant account)

APPROVALS:

Date _____

Graduate School Approval

Date _____

Approved by Board of Trustees

**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 to prior to the work being done. If approval of this request is not granted, this form will be returned to the department marked "denied".