**GRADUATE ASSISTANT/RESIDENT HOUSING ASSISTANT ADDITIONAL DUTIES FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | Click or tap here to enter text. | | | | | | | | | | | | | | University ID: | | | | | | | Enter text | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department/Grant Name: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the Cost Center, Program, Grant, or Project that will be paying for the additional duties | | | | | | | | | | | | Costing Allocation: | | | | | | | | | | | Enter text. | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Begins: | | | | | | Enter text. | | | |  | EmploymentEnds: | | | | | | | | | Enter text. | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schedule of days to be worked and number of hours per day: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| GA Classification: | | |  | | | | | Administrative Assistant | | | | | | |  | | | Research Assistant | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | Professional Services Assistant | | | | | | |  | | | Teaching Assistant | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | |  | | | Housing Resident Assistant | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hourly Salary: | | | | | | Enter text. | | | | | | |  | Total Salary: | | | | | Enter text. | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **I understand that I will NOT clock for the hours worked during this period and the duties preformed during the break between semesters will be paid on the first pay period of the next semester. I will be required to track my hours on a paper timesheet and submit to my manager for further processing.** | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Signature:** | | | |  | | | | | | | | | | | |  | **Date:** | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager: | | | | |  | | | | | | | | | | | | | | | | Date: | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Budget Office: | | | | |  | | | | | | | | | | | | | | | | Date: | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If Applicable*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing Assistant Director: | | | | | | |  | | | | | | | | | | | | | | Date: | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsored Research and Programs: | | | | | | | | |  | | | | | | | | | | | | Date: | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
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After required approvals have been received, forward the form to Human Resources. To authorize payment, a timesheet documenting hours worked should be emailed to Human Resources at hr@selu.edu.