

Academic Department Request of Graduate Assistant >50% Effort
 The request must be approved BEFORE the start date for compliance and authorization.

This form is used to request and document approval of arrangements for students in a Graduate Assistant title to work above 50% effort (20 hours per week). The action may be requested for up to 72.5% effort (29 hours per week) in Fall or Spring and 100% effort (40 hours per week) during Summer, break periods and when classes are not in session. The total hours per week includes all combined jobs. The employer will then attach this form to the [Start Additional Job](#) process in Workday.

Galveston Campus, COE & AgriLife: Complete and upload this request form via [Laserfiche](#). The Graduate and Professional School will review and communicate any needs for modifications or approval via the Laserfiche process. The employer will then attach this form, with the approval stamp, to the [Start Additional Job](#) process in Workday.

International students may not work more than 20 hours per week except when school is not in session or during the annual vacation according to the Department of Homeland Security Regulation 8 C.F.R. §214, paragraph (f)(9)(ii)(B) or (C). A termination date is required in alignment with the regulation for [Summer and Break employment](#).

***The dates of employment for the additional job must fall within the academic term of the request. This form must be updated each term.**

Student Information	
Name: _____	UIN: _____
*Academic Term of Request (i.e., Semester, Year): _____ Is the GA Status F1 or J1(yes or no) _____	
Primary Graduate Assistantship Appointment Information	
Job Title: _____	Hours worked per week: _____
Employing Department: _____	Semester Credit Hours: _____
Summary of Duties: _____	
Department Point of Contact: _____	Phone Number: _____
E-mail Address: _____	
Additional Appointment Information	
Job Title: _____	
Payment Type:	Per Hour Per Month One Time Payment
Additional Hours Per Week (max 9 in Fall/Spring, 20 in Summer): _____ Start & End Date: _____	
Employing Department: _____	
Summary of Duties: _____	
Department Point of Contact: _____	Phone Number: _____
E-mail Address: _____	

APPROVAL

By signing this form, the signatory is attesting to their support of the student assuming these additional responsibilities and confirming that the student is making satisfactory academic progress.

Name of Department Head/Advisory Committee Chair for the student's Academic Department:

Signature: _____ Printed Name: _____

ENGINEERING ONLY

Name of College GOC Dean:

Signature: _____ Printed Name: _____