

ASSISTANTSHIP APPOINTMENT

Posting No: _____



Graduate School Southern Illinois University Edwardsville

Name _____ **Social Security #** _____
 (Please Type: Last First M.I.) **Student ID #** _____

Employment location information: Phone No. _____ Bldg. _____ Room No. _____ Box# _____

Contingent upon the approval of the Graduate Dean and the Chancellor of Southern Illinois University Edwardsville, upon admission to the Graduate School and continued maintenance of good academic standing in an approved course load each term, you are hereby offered a term appointment under the following conditions.

1. ASSISTANTSHIP CATEGORY (Check all that apply and write in expected percentage distribution of duties-**REQUIRED**)
 General _____% **Research** _____% **Teaching** _____% (**MUST EQUAL 100%**)

| % of Time | Full-time Salary Base | Monthly Salary Payment | Semi-monthly Payment | Name of Account to be Charged | Position Number | Org/ DDU | AIS Budget Purpose No. to be Charged |
|-----------|-----------------------|------------------------|----------------------|-------------------------------|-----------------|----------|--------------------------------------|
| | | | | | | | |

Supervisor's statement of specific duties and responsibilities: **REQUIRED**

Name of Appointee's Supervisor _____

2. Period of Appointment:
 Academic Basis for: **Fall** (8/16 – 12/31) _____ yr, **Spring** (1/1 – 5/15) _____ yr, **Summer** (5/16 – 8/15) _____ yr.
 Other: _____, (Year) _____ through _____, (Year) _____
 Fiscal Basis for: Dates: beginning _____ through _____
3. Present Status:
 Admitted to Graduate School, _____ Dept., beginning with _____ (term/year), for _____ degree.
 Undergraduate approved pending degree completion
4. Show dates of any prior SIUE Assistantships: During Academic Year(s) _____
5. If related by blood or marriage to any member or the Board of Trustees, please state relationship _____

READ BEFORE SIGNING

The appointee agrees that, if appointed, his/her terms and conditions of assistantship appointment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations including those of SIUE, from time to time and pursuant thereto, all of which will be as much a part of the applicant's assistantship appointment as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any changes of assignments or renewal of the appointment.

It is a condition of appointment that each appointee agrees to abide by the provisions of the University Patent and (or) Copyright Policy and any contractual obligations of the University to others with reference to discoveries, inventions, improvements, composition or creations made, produced, developed actually or constructively reduced to practice or perfected during the term of employment.

I understand that the value of the tuition waiver for graduate course work, in excess of \$5,250 annually (in a calendar year), may be reported as non-cash taxable wages on my graduate stipends payroll and on Form W-2. These non-cash wages are subject to tax withholding as required by the IRS for students whose positions are not specifically classified as "research" or "teaching" but as "general."* If I am no longer in pay status, I understand that I am responsible for any tax the university pays on my behalf and the university will bill me for any unpaid amounts.

*Please refer to FAQ for questions about your tax liability at <http://www.siu.edu/graduatestudents/faqs.shtml#finaid>

I have read the Conditions of Assistantship Appointment and accept the position under these terms and subject to stated above contingencies:

Signature of Student

Date

RECOMMENDATION

APPROVED:

APPROVED:

Dean/Director/Fiscal Officer Date

Provost and Vice Chancellor for Academic Affairs Date

Graduate School Date

Dean/Director/Fiscal Officer Date

Vice Chancellor Date

BUDGET INFORMATION: Source of Funds

NOTE: INITIAL APPOINTMENT REQUIRES A PERSONAL AND PROFESSIONAL DATA FORM, STATE AND FEDERAL W-4 CARDS, LOAN DEFAULT STATEMENT, DRAFT COMPLIANCE FORM, EFT FORM (optional), AND (if this is a teaching assignment) THE ORAL ENGLISH PROFICIENCY CERTIFICATION