

KANSAS STATE UNIVERSITY GRADUATE STUDENT APPOINTMENT FORM

*Employee Notification - Required SSN Disclosure: Used for tax withholding, record keeping, and government reporting. Solicited per K.S.A. 76-725.

NAME: (FIRST, MIDDLE, LAST, SUFFIX)			*SSN	
DEPT ID	DEPT NAME	eID		

EMPLOYEE ID	RCD#	MARITAL STATUS
EFFECTIVE DATE	END OF APPT DATE	

HIRE	ADD CONCURENT JOB	CORRECTION/SUPERCEDE
------	-------------------	----------------------

HOME ADDRESS (Local Address)			MAILING ADDRESS		
COUNTRY			COUNTRY		
ADDRESS 1			ADDRESS 1		
ADDRESS 2			ADDRESS 2		
CITY			CITY		
COUNTY	ZIPCODE		COUNTY	ZIPCODE	
STATE	HOME PHONE		STATE	OTHER PHONE	

GENDER	HIGHEST EDUCATION LEVEL	
BIRTHDATE	ETHNIC GROUP	MILITARY STATUS

CITIZENSHIP STATUS	(If employee is not a U.S. Citizen, complete Visa information and attach a PER-15)				
VISA TYPE	ISSUE DATE	EXPIRATION DATE	ARRIVAL DATE		

ACTION	REASON	POSITION #	REPORTS TO POSITION# (OPT.)	
FTE	JOB CODE	JOB TITLE		
TAX LOCATION	SUBJECT TO FICA?	YES	NO	BIWEEKLY COMP RATE
APPT BASIS	9	12		HOURLY COMP RATE (Grad Asst)

INACTIVATE DIRECT DEPOSIT? (only if rehire)	YES	NO
---	-----	----

PREVIOUS EMPLOYMENT: If appointee has been previously or is currently employed by state or local government, or any other state agency including KSU, give agency name(s), dates of employment, and employee id (if known):

ADDITIONAL INFORMATION:

FUNDING INFORMATION: Updated by Departments in HRIS. For department use only. *EOS = END OF SOURCE

PROJECT #	PROJECT DESCRIPTION	FUND SOURCE	ORG	AWARD (If applicable)	FTE	*EOS DATE

EMPLOYEE OATH

(K.S.A. 75-4308) I do solemnly (swear) (affirm) that I will support the Constitution of the United States and the Constitution of the State of Kansas and faithfully discharge the duties of my office or employment. So help me God.

Employee's signature _____

Affix notary seal here

SUBSCRIBED AND SWORN TO before me this ____ day of _____ 20____

Notary Public _____

This employee qualifies for a Tuition Waiver of _____% as a _____ (FTE) Graduate Teaching Assistant for the _____ semester.

Spoken English Assessment (Required for new GTA's; must select one of the following and provide requested information)

____ First language is **not** English. **(Must complete and attach PER 20, Faculty and GTA Spoken English Competency Assessment Sheet)**

____ First language is English and is competent in spoken English. **(PER 20 not required)**

EMPLOYEE SIGNATURE _____

DATE _____

SIGNATURE(S) OF UNIT OR DEPARTMENT HEAD, DEAN AND/OR VICE PRESIDENT _____

DATE _____