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BOWLING GREEN STATE UNIVERSITY
SUPPLEMENTAL PAYMENTS FOR GRADUATE ASSISTANTS

This form is to be used to compensate graduate assistants who provide services in addition to those expected in their regular academic year or summer contracts. This form is not to be used to compensate faculty, staff, or students who are not on assistantship.

Because academic success is the primary goal of graduate study, graduate assistants are discouraged from working more than 20 hours per week, including the assistantship assignment, when classes are in session. Graduate assistants should confer with their graduate coordinators before accepting additional employment. The signature on this form indicates that the graduate coordinator, chair, or director has been informed of the student's intent to take on supplemental work.

- **Dissertation fellow appointees may not engage in any employment during the period of their appointments.**
- **Federal regulations strictly prohibit international students from working more than 20 hours per week.**

SECTION I: PRIOR APPROVALS (to be obtained before starting supplemental services)

Name:_____

Academic Program: _____ BGSU ID: _____

Assistantship Appointment (check one): ☐ .50 ☐ .44 ☐ .38 ☐ .32 ☐ .25

Nature of Assignment:

Assignment duration: _____ Hours per week: _____

I certify that this service will not hinder my academic program or the proper performance of my graduate assistant duties

_____
Signature of Graduate Assistant Date

I have seen this application.

_____
Signature of Assistantship Supervisor Date

I have seen this application.

_____
Signature of Graduate Coordinator or Chair/Director Date

SECTION II: The graduate assistant should retain this form and submit it with the following information and appropriate signatures within 30 days of completion of services or consultations.

Assignment
Dept., grant, workshop, conference,
etc., for which service was performed: _____

Department Cost Center (DCC) or Grant/Project ID # to be charged: _____

Date(s) of service _____ Total hours worked _____ @ $ per hour _____ Total payment $ _____

The service described above was provided in a fully acceptable manner.

_____
Signature of Budget Administrator Date

_____
Dean of the Graduate College Date

1/26/2010