

**GRADUATE RESEARCH ASSISTANT (GRA) INTENT TO APPOINT**

Student ID#:				<b>For department/unit/school/division use only.</b>	
Employee ID#: (if known)				<input type="checkbox"/> Initial Appointment or Rehire after a One Year Period (BC)	
Student Full Email Address:				<input type="checkbox"/> Initial /Rehire Appointment to a Position Number	
Enter the Name below as on the Social Security Card (if possible):				<input type="checkbox"/> International Student Transferring from U.S. Institution/ Employer or has been in the U.S. 30 days or longer (BC)	
Last:				<input type="checkbox"/> Change in Job Duties	
First:				<input type="checkbox"/> Change in Field of Study/Academic Department	
Middle:				<b>HR Dept. Name:</b>	
Supervisor Name:				<b>HR Dept. #</b>	
Academic Department Name:				<b>Position #</b>	
Contact Information for Form:				<b>Pool ID</b>	
<b>APPOINTMENT INFORMATION</b>					
Start Date MM/DD/YY	Last Day to be Paid MM/DD/YY 1, 2	Standard Hours	Biweekly Rate	Salary Matrix 1	
<sup>1</sup> - Optional		<sup>2</sup> - If <u>Last Day to be Paid</u> is filled out it will be keyed.			
<b>Account Code/Funding</b>					
Dept ID	Fund	Project	CF3	CF2	%
<i>Distribution % will be applied to earnings, deductions &amp; taxes as entered above, unless noted.</i>					
Please list the major duties for this position:					
Describe how the major duties above are related to furthering the student's field of study:					
GRA Appointment Guidelines are located at <a href="https://policy.ku.edu/graduate-studies/GRA-GTA-GA-guidelines-eligibility">https://policy.ku.edu/graduate-studies/GRA-GTA-GA-guidelines-eligibility</a> .					
<b>Conditional Notice of Intent to Appoint</b>					
By signing below, I acknowledge that my employment is subject to and governed by the laws of the State of KS and the regulations/policies of the KS Board of Regents, KU, including the policies of the school/department in which the appointment is assigned and enrollment guidelines. I also acknowledge that I have read and understand the policies and provisions under which this appointment is governed, accept to be bound by its terms, including those of the Intellectual Property Policy. I understand that this appointment doesn't guarantee me employment and that my appointment is designated "at will" and may be terminated at any time with or without notice. I acknowledge that the research I perform directly contributes to the completion of academic requirements for the graduate degree I am seeking and that the level of my appointment will be used in crediting my service hours for purposes of determining health insurance eligibility under the provisions of the Affordable Care Act. Further I understand that this offer of appointment is contingent on funding availability and that the offer is conditional and not binding until successful completion of the background check has been determined by KU, all conditions have been satisfied for the appointment, and final approval granted by the University.					
Signature and Date _____					
<b>Academic Authorization</b>					
I agree that the duties as described above contribute to the student's completion of the research requirements for the graduate degree and the student in is good academic standing.					
Academic Dept Signature/Date _____					
Hiring Department Signature/Date _____					
Dean/Vice Provost Approval/Date _____					

BC – Requires background check