

Student Employment Transaction Form **HRM-4**

Last Name	First Name	MI	Student ID	Visa/Status <small>(if applicable)</small>
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Please check the appropriate action below:

- New Hire ([new employee forms](#) required)
- Rehire ([new employee forms](#) required for breaks of a year or more)
- Change of Status
- Termination

PP	Retro	Date	Trans	Info	APV

Shaded area for HR purposes

Use this form for all **GA/TA/RA/Fellow** appointments, rehires, changes in status, and terminations.

Do not use this form for Student Assistant transactions. Allow at least two weeks prior to the effective date for processing.

Please attach a completed New Employee Information Form ([EMP-1](#)) for all new hires.

APPOINTMENT INFORMATION					
Funding Account	Check Drop Location	Department		Supervisor	
Campus Work Address		Work Phone Number	Total Stipend (for the period)	Appointment Start Date	
Student Status	Assistantship Obligation:		Resident Assistant		Fellowship
<input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	<input type="checkbox"/> Half Assistantship (9-10 hours/week) <input type="checkbox"/> Full Assistantship (18-20 hours/week)		<input type="checkbox"/> Resident Assistant I <input type="checkbox"/> Senior RA <input type="checkbox"/> Resident Assistant II <input type="checkbox"/> Housing Mgr		<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Academic Year <small>(full semesters)</small>	<input type="checkbox"/> Fall Only <small>(full semester)</small>	<input type="checkbox"/> Spring Only <small>(full semester)</small>	<input type="checkbox"/> 12 months <small>(RA only)</small>	<input type="checkbox"/> Other: <small>(RA or contact HR) from _____ to _____</small>	
Primary Duty:	<input type="checkbox"/> Teaching	<input type="checkbox"/> Research	<input type="checkbox"/> Administrative		
CHANGE OF STATUS/TERMINATION					
Old Status		New Status		Effective Date(s)	
<input type="checkbox"/> Termination		<input type="checkbox"/> Cancellation		<input type="checkbox"/> Resignation (attach letter)	
				Last day of work:	
APPROVALS					
Funding APPROVAL					
	Signature of person responsible for funding account		Name/Title		Date
Department APPROVAL					
	Signature of Department Approval		Name/Title		Date
Recipient ACCEPTANCE					
	Signature of Student/Employee				Date
OHRM APPROVAL					
	Signature of OHRM				Date
This appointment becomes effective when signed by the department, the recipient, and the Office of Human Resources Management					
TOEFL CERTIFICATION					
International Student Graduate Teaching Assistant Certification: The appointee has achieved the required score (e.g. TOEFL score of 100 or above on the IBT Internet-based test) on an authorized test of English proficiency <u>and</u> is competent to conduct classroom or laboratory discussions.					
Signature of Department Chair, certifying English language proficiency					Date
SUNY ID	Title	Line #	Position	BIW Rate	FTE%

Assistantship Guidelines are located on the Graduate Education website: www.albany.edu/graduate/index.php