RIT STUDENT EMPLOYMENT
Graduate Assistant Change Form
Please send completed form to seosubmitforms@rit.edu.
Please enter student's name in the subject line.

College/Department:_____/_____

Last Name: _____ **First Name:** _____

University ID #:_____ **Email:** _____

Payroll Change: ☐ Re-classification from _____ to _____
☐ Wage Change
☐ Termination **(Include job end date and account number)**
☐ Account Number Change
☐ Extend Job End Date

Effective Date of Change (Refer to bi-weekly pay schedule): _____/_____/_____
                                                                                     Day / Mo. / Year

Job End Date (Refer to bi-weekly pay schedule for appropriate date): _____/_____/_____
                                                                                     Day / Mo. / Year

Current Hourly Wage: $_____   **New Hourly Wage: $**_____
(For GA, GGA, GTechA)   (For GA, GGA, GTechA)

Current Bi-Weekly Salary $_____   **New Bi-Weekly Salary $**_____
 (For GTA 1, 2, & 3)   (For GTA 1, 2 & 3)

Current Salary Total $_____   **New Salary Total $**_____
 (For GTA 1, 2, & 3)   (For GTA 1, 2 & 3)

Number of Work Hours/Week: _____

Account Number: ____._____._____.____._____._____
(Current number used)

New Account Number: ____._____._____.____._____._____
(Use for account number change only)

Authorized Signature: _____ **Date:**_____

Contact (Please Print): _____**Phone #:** _____   **E-Mail**_____