



NORTHERN ARIZONA UNIVERSITY

Graduate College

Graduate Assistant Personnel Action

GAPA Form

Use this form for changes from the original appointment, early termination, extension of an appointment, and one time pay or additional work situations. Select one situation and complete the box.

NAME _____ **Empl ID** _____

DEPARTMENT _____

COMMENTS: _____

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Change From / To |
| | Begin / End Date _____ |
| | Position #: _____ |
| | Area/Org: _____ |
| | Hrs/Wk: _____ |
| | Total Stipend \$ _____ |

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Extend Appointment |
| | Begin / End Date _____ |
| | Position #: _____ |
| | Area/Org: _____ |
| | Hrs/Wk _____ |
| | Total Stipend \$ _____ |

Job code determines payment of graduate assistant benefits

| | | |
|------------------|------------------------|--------------------------|
| Job Code: | 110 Teaching assistant | <input type="checkbox"/> |
| | 210 Research assistant | <input type="checkbox"/> |
| | 310 Service assistant | <input type="checkbox"/> |

| | | |
|------------------|------------------------|--------------------------|
| Job Code: | 110 Teaching assistant | <input type="checkbox"/> |
| | 210 Research assistant | <input type="checkbox"/> |
| | 310 Service assistant | <input type="checkbox"/> |

One time pay and additional work must have attached copy of prior written approval from Graduate College

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Additional Work |
| | Begin / End Date _____ |
| | Position #: _____ |
| | Area/Org: _____ |
| | Hrs/Wk: _____ |
| | Total Stipend \$ _____ |

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | One Time Pay |
| | Begin / End Date _____ |
| | Position #: _____ |
| | Area/Org: _____ |
| | Hrs/Wk: _____ |
| | Amount to be Paid \$ _____ |

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Early Termination |
| | End Date _____ |
| | Position #: _____ |

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Last Day Worked _____ |
| | Last Day on Payroll _____ |
| | Area/Org: _____ |

Initiator: _____ **Phone** _____

Required Signatures:

Department: _____ **Phone:** _____ **Box:** _____

Dean/Director: _____ **Box:** _____ **Date:** _____

Sponsored Projects: _____ **Box:** _____ **Date:** _____

Graduate College Use Only

Graduate College: _____ **Date:** _____ **Box:** _____

Benefits Add: _____ **Benefits Removed:** _____

Tuition Remission: _____ **Tuition Remission:** _____

Insurance: _____ **Insurance:** _____

Residency _____ **GROT:** _____ **Residency:** _____ **GROT:** _____

Entered Date _____ **Posted** _____ **Date** _____