Carson-Newman University and the Board of Trustees
Carson-Newman University

NOTICE and AGREEMENT of APPOINTMENT as a FULL-TIME GRADUATE ASSISTANT

This is to confirm your appointment as a Full-time Graduate Assistant in the:

Department of ______________________________ for the term of: Year 20____ - 20____
____ Fall/Spring/Summer (12 Month)
____ Fall/Spring (9 Month)
____ Spring/Summer (9 Month)

At $7.25/hour per contract period, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This appointment is made subject to the laws of the State of Tennessee, the requirements and policies of Carson-Newman University and the Board of Trustees, and as outlined in the Handbook for Graduate Assistants.

2. Students must be enrolled in Graduate classes to be eligible for a Graduate Assistantship.

3. Each contract period for a Graduate Assistant will encompass the entire academic year in which that Graduate student is registered (including specific summer terms if applicable).

4. Fall and Spring Graduate Assistantships will be compensated based on 20 hours of work per week x 15 weeks (17 weeks for Athletics) per semester.

5. Summer Graduate Assistantships will be compensated based on 20 hours of work per week x 10 weeks (this encompasses May term, 1st 3-week term, Six week term, 2nd 3-week term, and the 10-week term).

6. The full-time Graduate Assistant must be enrolled in a minimum of 6 hours Fall and Spring semester in order to receive tuition and technology fees waiver.

7. Graduate Assistants can enroll in no more than 24 credit hours per 12 month period. If you enroll in more than 24 credit hours, you will be responsible for the remaining balance on your account.

8. As a Graduate Assistant, you are not eligible for employment benefits (retirement credit, insurance plans, annual or sick leave, holiday pay or longevity credit). You may purchase or be required to purchase student health insurance.

9. This appointment does not include any assurance, obligation, or guarantee of subsequent appointment.

10. This agreement may be terminated without prior notice.

11. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in publicized Carson-Newman statements and policy. I also agree to notify the Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.
12. You agree to abide by the policies of Carson-Newman and the Board of Trustees regarding Intellectual Property, and hereby acknowledge your responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property developed by you, either solely or jointly with others, during the term of your appointment, and to otherwise assist Carson-Newman as required by policy in protecting rights it may have in that Intellectual Property.

13. As a Graduate Assistant, you agree not to hold any other employee position at Carson-Newman (enrolled students are not subject FICA and Medicare Taxes).

I accept the appointment described above under the terms and conditions set forth in the preceding Carson-Newman University NOTICE and AGREEMENT of APPOINTMENT as a GRADUATE ASSISTANT, the Graduate Assistantship Application, and the Graduate Assistantship Handbook.

__________________________________________________________________________  _____________
Signature of Graduate Assistant                           Date

__________________________________________________________________________
Printed Name of Graduate Assistant

You MUST signify your acceptance of this appointment under the terms and conditions set forth by signing each copy of this notice and returning the ORIGINAL to the Human Resources Office within FIFTEEN days after the date of this notice. You will also be required to complete forms in the Human Resources Office. You cannot be paid until the appropriate forms are completed. These forms include but not limited to: I-9 and W-4.

You will also be required to submit a copy of your Social Security card and Driver’s License or Passport. You are advised to complete this process as soon as possible to prevent a delay in your stipend check(s).

*An Equal Opportunity / Affirmative Action Employer*

__________________________________________________________________________  _____________
Signature: Department Chair                           Date