Graduate Assistant Personnel Action (GAPA)

The University of Toledo

○ New Hire   ○ Clinical
○ Rehire   ○ Non Clinical
○ Change   ○ Home Base Care

Name (Last)	(First)	(Middle)	Rocket ID R	Date of Birth

Appointments:		Residency:	
Current Program	Hours per week:	Resident Code:	

Home Department Organization	Employee Class G1 - Graduate Assistant	Department Mail Stop

	First Distribution	Second Distribution	Third Distribution
Employment Length:			
Position Class / Title			
Position Control Number			
Index and Account			
Stipend			
Merit Award (if Applicable)			
Total Amount Per Pay			
Employment Dates Net Pays	Begin Date: _____ End Date: _____	Begin Date: _____ End Date: _____	Begin Date: _____ End Date: _____
Exemption Code: Fill in once unless separate code is used in accounts listed.	Or Grant_____	Or Grant_____	Or Grant_____
Hours Waived: Fill in once unless hours waived are different per account or term.			
Grant Fees Paid:	___ Insurance ___ General Fee ___ Other _____	___ Insurance ___ General Fee ___ Other _____	___ Insurance ___ General Fee ___ Other _____
Split funding: (One department paying stipend; another paying tuition)			

Additional Remarks

Primary Job Change Reason

Form Created by:	Contact Ext.	Email Address:

Approvals   (Please sign in blue and initial all changes.)

Paying Department **1**	Date	Ext.	Vice Provost/Dean of Graduate School/Graduate School Manager **4**	Date
PI Approval (If applicable) **2**	Date	Ext.	Grants Accounting (If Applicable) **5**	Date
Business Manager or Dean/Designee **3**	Date	Ext.		

Graduate School Use Only: GPA Eligible   Visa Eligible (if applicable)   Access Input _____/_____

Hold/Question: _____/_____   Tuition Input _____/_____