

# REQUEST FOR ADDITIONAL ON-CAMPUS EMPLOYMENT OUTSIDE OF ASSISTANTSHIP DUTIES

Submit Form via Email to [GradAssist@utoledo.edu](mailto:GradAssist@utoledo.edu)

**ALL REQUESTS RECEIVED AFTER EMPLOYMENT HAS STARTED WILL BE DENIED FOR THAT SEMESTER. OUTDATED FORMS WILL NOT BE ACCEPTED!**

**ATTENTION:** Domestic Students can work a maximum of 25 hours per week, including Graduate Assistantship, for the entire year. International students can work a maximum of 20 hours per week during the Academic Year and 28 hours per week during Summer semester, including Graduate Assistantship.

## SECTION A: ( Completed by Graduate Student)

Last Name: <input style="width: 95%;" type="text"/>	First Name: <input style="width: 95%;" type="text"/>	Rocket ID #: <input style="width: 95%;" type="text"/>
E-mail Address: <input style="width: 95%;" type="text"/>		
Department you are currently working your assistantship in? <input style="width: 95%;" type="text"/>	Is your assistantship full time or part time? <input type="checkbox"/> FT (20hrs/week) <input type="checkbox"/> PT (10hrs/week)	
Department requesting additional duties: <input style="width: 95%;" type="text"/>	Estimated weekly hours of additional duties: <input style="width: 50px;" type="text"/> hrs per week <i>(Refer to form instructions for maximum hours available)</i>	
Name of the staff who hired you: <input style="width: 95%;" type="text"/>	Requested Dates for Additional Duties: From: <input style="width: 100px;" type="text"/> To: <input style="width: 100px;" type="text"/>	
Staff's e-mail address: <input style="width: 95%;" type="text"/>		
Nature of Work: (Briefly describe the additional duties) <input style="width: 95%; height: 40px;" type="text"/>		
<i>Note: Employment outside of graduate assistantship could result in enrollment in STRS/PERS and the stipend will be subject to the required percentage of withholding for these programs.</i>		
Student Signature: _____		Date: _____

## SECTION B: ( Completed by Graduate Assistant's Advisor)

ADVISOR CERTIFICATION: This certifies that the assignment requested will not infringe upon the student's progress toward their degree. Please provide comments below:

Approved by Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION C: ( Completed by Graduate School)

The student is: <input type="checkbox"/> Domestic <input type="checkbox"/> International	Assistantship Status: <input type="checkbox"/> Full time (20hrs) <input type="checkbox"/> Part time (10hrs)	GPA is: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
Graduate School Decision: <input type="checkbox"/> Approved - Hours Per Week: _____ <input type="checkbox"/> Denied <input type="checkbox"/> GPA ineligible <input type="checkbox"/> Max hrs. allowable reached <input type="checkbox"/> Other (See comments)	Comments: <input style="width: 95%; height: 80px;" type="text"/>	
_____ Dean, Graduate School	_____ Date	
DISTRIBUTION: (Emails sent) <input type="checkbox"/> Payroll <input type="checkbox"/> Student <input type="checkbox"/> Career Services		